

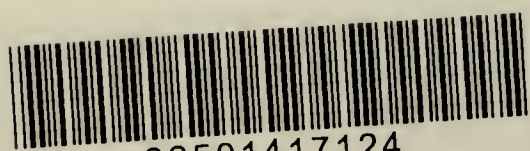


CITY OF CAPE TOWN

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH 1982



The City Health Department moved to the Civic Centre on 15 June 1979. The Department's general offices are situated on the eastern side of the 22nd Floor of the Tower Block and the Executive Suite on the 21st Floor as depicted in red on the cover. Access to the general offices is via Lift/Stair A and to the Executive Suite through Lift/Stair C at the Nico Malan entrance to the building.



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CITY OF CAPE TOWN

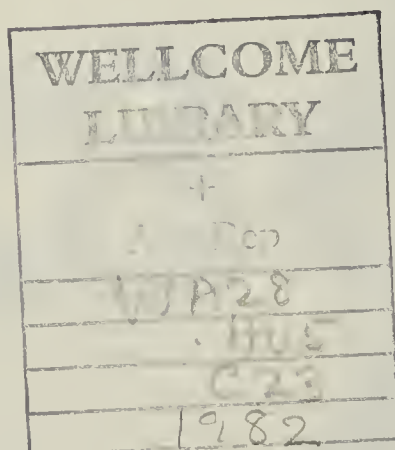
ANNUAL REPORT OF THE

MEDICAL OFFICER OF HEALTH

1982

A stylized black Rod of Asclepius symbol, consisting of a staff with a single serpent entwined around it, positioned vertically between the numbers 19 and 82.

Reproduction of any part of this report is permissible, but suitable acknowledgement would be appreciated.



Composed and produced in the Technical Management Services Branch of the City Engineer's Department.

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In charge of Statistics Section - Mr J H Otto.

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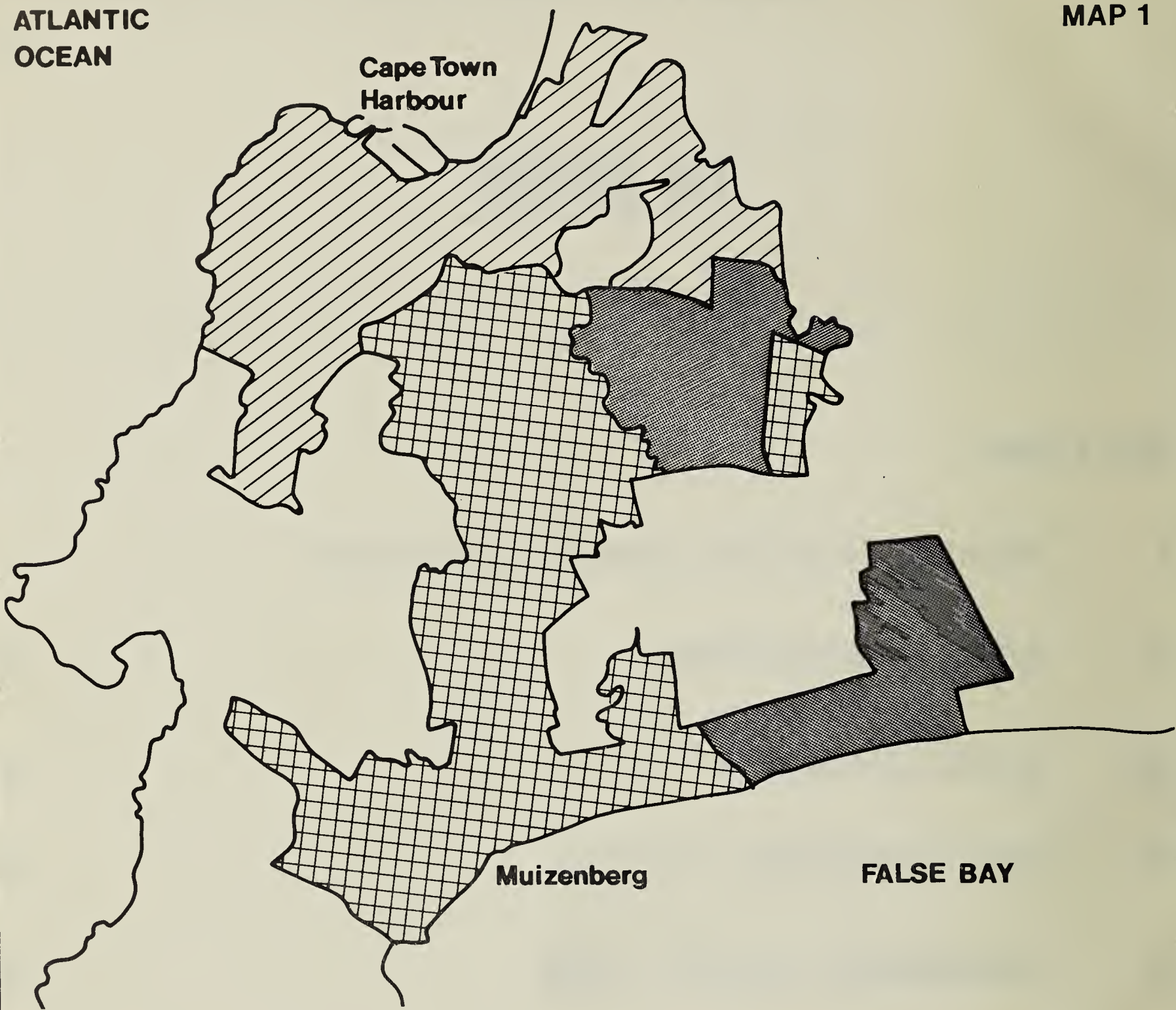
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ATLANTIC
OCEAN

MAP 1



NORTHERN
ZONE 

SOUTHERN
ZONE 

EASTERN
ZONE 

Population (Estimated)

270 119

339 827

391 925

Principal Medical Officer

1

1

1

Medical Officers

3

3

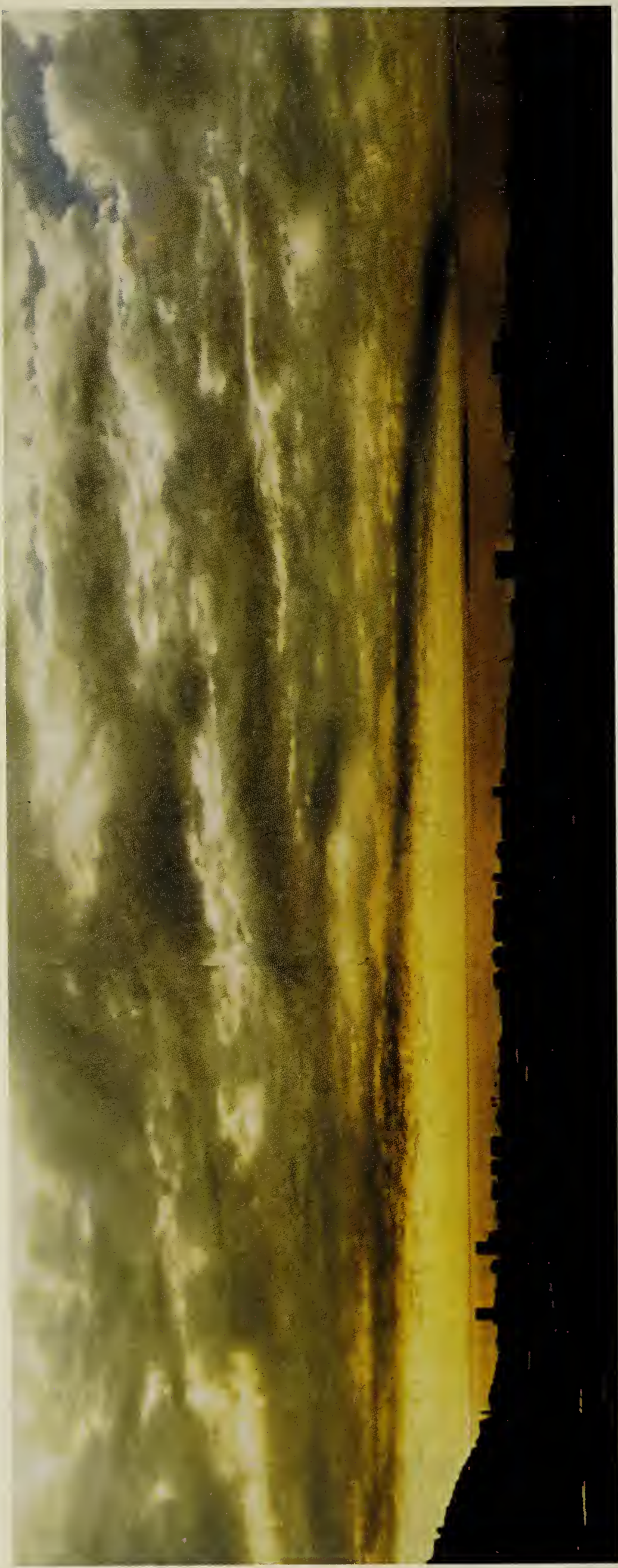
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CITY OF CAPE TOWN HEALTH ZONES



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THE WINDS OF TABLE BAY

Smoke plume from bush fire near Koeberg reaches the City in approximately two hours - with minimal dispersion! Light ash was noticed on cars parked on the Foreshore.

Meteorological surveys indicate conditions right for this phenomenon occur 15% of the time during the year, and the air currents have been scientifically confirmed by tracer elements released at Koeberg and collected at Green Point.

TO
THE DIRECTOR-GENERAL FOR HEALTH AND WELFARE
and

HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS OF THE CITY OF CAPE TOWN

I have pleasure in presenting my Eighth Annual Report on health conditions in the City of Cape Town during 1982 and on the work carried out by the City Health Department during that year, as required by the provisions of the Health Act 63 of 1977.

The intensive re-organisation of the City Health Department commenced late in 1974. The objective was to bring its two main Divisions, namely the Promotive and Preventive Health Services, and the Environmental Health Services up to the level of efficiency, and of flexibility, needed to cope with our responsibilities to the end of this century. This process was completed in 1980.

A few comparisons are made here to indicate progress made up to 1982.

In summary, we have sought:-

- (a) Clear delineation of objectives.
- (b) Accurate and ongoing assessment of progress.
- (c) A sharply restrictive fiscal policy.
- (d) Full and continuous usage of all our facilities, buildings, and other resources, throughout each working day.
- (e) Above all, markedly increased productivity by every individual member of staff.

Communication, and motivation, down to the lowest level, coupled with inservice training, were among the management tools used. These principles need to be pursued without remission, to avoid easing-off of effort.

I consider that the only yardstick for success is the results achieved.

It is in this context that I submit the following facts for your consideration.

CAPE TOWN ESTIMATED POPULATION 1982

Whites	277 040
Coloured	594 940
Asiatic	12 990
Black	116 900
Total	1 001 870 persons

Cape Town's population has thus passed the round figure of one million, and compares with world cities like Birmingham, Amsterdam, Marseilles and Perth, (W. Australis).

THE SERVICE

Total service contacts of the Department with the people of the City during the year totalled 1 915 845 items. This is an all time record figure and an increase over the preceding year of 6,5%.

CO-ORDINATION WITH OTHER HEALTH SERVICES:

In accordance with the National Health Facilities Plan steady progress has been made in arrangements with State Health Department, Provincial Hospital Administration, Day Hospitals Organisation, Shawco, Mental Health Society etc., to the effect that no less than 300 clinic sessions each month are provided by outside authorities in City

Health Department facilities throughout the city, without any charges being made.

A total of 8 157 service sessions are possible in a four week month throughout our clinic network. Timetables vary from time to time depending on the health needs of different districts.

CAPE TOWN HEALTH PARAMETERS 1982

1. INFANT MORTALITY RATES: "The Infant Mortality Rate occupies a special position in vital statistics not only because of its value as an indicator of loss of life, but also because of its close relation with social conditions".⁽¹⁾ This Infant Mortality Rate is also generally accepted as the most sensitive index of the quality of an Environmental, Promotive and Preventive Health Service. In Cape Town, too, due credit must be given to the excellent Paediatric and Maternity Services of the University of Cape Town Medical School.

(The Rate is expressed as the number of deaths occurring per 1 000 live births, up to the age of one year).

The Infant Mortality Rates in Cape Town for 1975 (first year of reorganisation) and 1982 were:-

	<u>1975</u>	<u>1982</u>
White	12,2	11,7
Coloured	32,2	21,0
Black	59	37,1
Total all Races	34	23,1

While the 1982 figures show a marginal rise over 1981 it is interesting to note that it has been shown ⁽²⁾ that infant mortality increases about one year after and proportional to, a downturn in the economy.

Because of the migrant labour system, and the ebb and flow of population in Langa and Guguletu, the exact figures given for Blacks, while as accurate as possible, must be treated with caution.

By comparison, the Infant Mortality Rates for South Africa as a whole ⁽³⁾ were:

	<u>1981</u>	
White	13,5	
Coloured	62,6	
Black	190,8	(1979 estimated)

Another yardstick is to compare with several major American cities with a population of 500 000 or more.⁽⁴⁾

In 1978 (latest figures available) the United States Classification is headed:

	<u>"White"</u>	<u>"All Other Races"</u>
New York	13,1	20,4
Boston	13,1	21,4
Houston	13,3	20,3

2. MOTHER AND CHILD WELFARE CLINICS. The Department operates 24 Polyclinics and 28 satellite clinics throughout the city. These services, so vital to produce a generation of healthy children, include the guidance of mothers, baby care, immunisation, family planning, child assessment, developmental screening and specialised malnutrition clinics. They form the basis for our intensive Home Visiting programme.

There were 23 518 infants born in Cape Town during the year. Of all notified births 93% of babies attended our clinics at least once during the first year of life in 1982.

	<u>1975</u>	<u>1982</u>
Total attendances	307 214	536 241

Increase of 75%

3. IMMUNISATION. Cover of newly born children is of top priority. Here the difficulty is the apathy of some parents in bringing their babies for the full course. Much of the Public Health Nurses' time is spent in visiting defaulters.

The following figures show the percentage of children of all races born in Cape Town who completed their courses of protection in the first year.

(The figures include persons both permanently and temporarily resident. Obviously the percentages are considerably higher if permanent residents only are calculated).

Poliomyelitis	87,8%	Completely immunised
DWT	89,1%	" "
B C G	92,8%	" "
Measles	83,2%	" "

4. FAMILY PLANNING. A top State priority for improving the quality of life.

	<u>1975</u>	<u>1982</u>
Individuals Attending	38 130	80 148

Increase of 110%

In the Coloured group the number is calculated to be 56% of all women in the child-bearing period. This is further to the family planning services provided by the State Health Department, the Provincial Administration and private practitioners.

5. GERIATRIC SERVICE. This screening service for elderly folk was commenced in mid 1975. The object was to carefully examine such people and their circumstances and to take necessary steps to improve their quality of life in the home environment wherever possible. We now conduct 18 such clinics throughout the city, and have achieved tremendous community involvement.

	<u>1975</u>	<u>1982</u>
Total Attendances	191	1 480

Increase of 675%

6. IN SERVICE TRAINING PROGRAMMES to outside students are an excellent stimulus to our staff to maintain the highest standards. In addition, the new generation of doctors and nurses show an awareness of preventive medicine and community services never apparent in their predecessors.

	<u>1975</u>	<u>1982</u>
Medical Post Graduates from U.C.T.	6	8
Medical Students U.C.T.	Nil	120
Nursing Students (Hospitals & Colleges)	Nil	1 163

ENVIRONMENTAL HEALTH

7. WATER SUPPLIES. Remain pure and satisfactory and a fundamental pillar of the public's health. It is axiomatic that the potable water supply should always be from the purest source available. All future engineering plans for the recycling of sewage should be directed, ab initio, towards horticultural, agricultural and industrial use.

8. FOOD AND MILK PRODUCTION AND DISTRIBUTION. Closely and intensively monitored, and satisfactory. In 1982 only 12 incidents of food poisoning were reported and investigated throughout the city. All were mild, and mostly due to bad house-keeping.

9. HOUSING. Study of the epidemiological picture shows clearly that the shortage of houses in the Coloured and African areas, leading to gross overcrowding in the housing estates, is the big remaining factor in the spread of infectious conditions such as pulmonary tuberculosis, meningococcal meningitis and influenza.

The waiting list is still bigger, but there is a welcome change in official policy which finally gives consideration to alternative low-cost housing schemes, as this Department has recommended for so long.

10. SEWAGE. Facilities in Cape Town maintain a constant and not always successful battle to cope with ever-increasing demands. Athlone works is still most unsatisfactory, and the cause of continual complaint from the public. Anxiety is also felt that the Green Point outlet may prove too short.

11. AIR POLLUTION CONTROL. Readings have improved further during the year. (See Text). Cape Town is now among the world's cleanest cities from the standpoint of air pollution. Constant vigilance is needed to maintain these standards.

The 'lead in air' controversy continued, both here and overseas. The Cape Town Metropolitan Air Pollution Committee set objectives and decided on equipment necessary for ongoing surveys for the whole region. Tenders are being prepared. The lead issue will be carefully monitored.

Koeberg. In October the operating company made public their emergency plans for a nuclear accident happening at Koeberg. These plans extended to a radius of 16 kms from the plant only, and in my opinion, did not take full cognisance of the meteorological aspects which could affect the large population centres of Cape Town and the metropolitan area.

The City Council appealed to the Atomic Energy Corporation, who upheld the appeal.

At year's end contingency planning was commencing for an area out to 80 kms from the station.

12. MEDICAL EMERGENCY SERVICE - CIVIC CENTRE. A medical emergency service under the direction of the Medical Officer of Health has been introduced at the Civic Centre to provide Medical Emergency help for Councillors, staff and members of the public visiting the Civic Centre, in the event of sudden illness or other emergency. This service will also provide for the primary treatment of minor ailment or injuries suffered by members of the staff in order to reduce unnecessary absenteeism. We will continue to have First Aiders on all floors. The Emergency system will provide for coverage both during and after normal working hours.

Medical Emergency signs setting out the procedures to be adopted for both "walking" cases and "serious" cases have been placed at strategic points throughout the Civic Centre.

From the period June to December 1982 the Service dealt with:-

Stretcher cases	36
Walking cases	883

13. NOTIFIABLE DISEASES

PULMONARY TUBERCULOSIS is the biggest public health problem in Cape Town as in every other centre of the Republic. The notification of new cases of all forms of tuberculosis in the City increased to 3 778 cases in 1982. In 1975 the figure was 2 742. It is distressing that no significant progress has been made in controlling this disease. The problem is complex. The disease is fundamentally a manifestation of socio-economic ills - malnutrition, bad housing, overcrowding and poverty.

The only really significant medical advance in recent years has been the introduction of Short-term Therapy involving the use of Rifampicin with other drugs. Here there is excellent scope for cure after 4 1/2 - 6 months of intensive therapy.

This regime was used for new patients from March 1982 until the end of the year. But an accurate assessment of results shows the persistent and overriding problem of patient non-compliance. For the city as a whole this amounted to 32% of the total, despite concerted efforts by all staff. This conforms with the experience of other local authorities.

In Cape Town acute pressure on T.B. hospital beds dictates patient discharge after approximately two months.

There are many patients whose compliance could be ensured by a form of institutional treatment of a simpler nature than hospital care. This avenue must be explored at top State Health policy making level.

14. OTHER NOTIFIABLE INFECTIOUS DISEASES have been well contained and the details are in the text, but the City experienced a severe outbreak of epidemic haemorrhagic conjunctivitis totalling about 50 000 cases in all. These cases received treatment at all our Departmental clinics as well as at the Provincial Hospital services and private practitioners.

15. SEXUALLY TRANSMITTED DISEASES

In 1975, when a world-wide upsurge of V.D. was at its peak, 37 304 patients attended our clinics. Last year the figure was 28 409. Many patients are treated by their own doctors, at hospitals, and elsewhere. Our figures are probably the tip of the iceberg, and indicate a thoroughly unsatisfactory state of affairs in dealing with these infections, both in the city and nationwide.

Genital Herpes Simplex Virus infections received world wide attention during 1982. A separate list of these cases in Cape Town clinics was commenced in October 1982. Figures should have statistical interest after one year; the advent of parenteral acyclovir for treatment purposes is awaited.

THANKS

I want to record again my keen appreciation and gratitude for the unstinting loyalty of the members of my staff. Without their motivation, enthusiasm, and devotion to duty, none of the results recorded here could have been achieved. The credit is all theirs.

To the members of the Amenities and Health Committee, and to all other Alderman and City Councillors, I also offer my sincere thanks for their consideration and support.

I wish also to thank the Heads of other Council Departments and their officials for their co-operation and assistance during the year.

To the Municipal Service Commission, I am grateful for their courtesy, helpfulness and understanding in regard to staff matters.

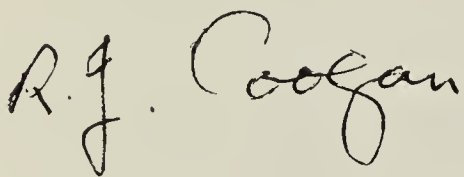
To the Director-General for Health and Welfare, and to Dr N J Le Roux, Regional Director, State Health Services, Western Cape, and his deputy Dr L Been, appreciation of their helpful co-operation and understanding in all matters where our mutual interest met.

The Provincial Hospital authorities, particularly Dr R L M Kotze, Director of Hospital Services, Dr D J Slabber, Regional Medical Superintendent and Dr A B Rosenberg, Medical Superintendent, Day Hospital Organisation, have been very easy to work with, and I say thank you.

To Professor L S Smith, Chief Government Pathologist, State Health Laboratories, an expression of genuine gratitude for his always excellent advice and assistance so freely given.

To Professor D Davey, Head of Department of Obstetrics and Gynaecology, University of Cape Town, sincere gratitude for his helpful co-operation and advice in all matters of common interest.

Last, but not least, to the Ladies and Gentlemen of the Press, and the South African Broadcasting Corporation, many thanks indeed for their accurate, objective, and informative reporting of matters relating to the health of the public, which were of concern to the citizens of Cape Town, throughout the year.



R J COOGAN

L.R.C.S., L.R.C.P. (IREL.), D.P.H., L.M., F.R.S.H.
MEDICAL OFFICER OF HEALTH

References

- (1) Hobson, W. (Ed) (1975) The Theory and Practice of Public Health, Oxford Univ. Press. 4th Ed. London. p. 20.
- (2) Editorial Infant Mortality, Economics & Arms. LANCET 1982, ii 193-194.
- (3) S A Dept. of Statistics, Statistical News Release.
- (4) National Centre for Health Statistics Hyattsville Maryland U.S.A.

I ADMINISTRATION, FINANCE AND STAFF

The Community Health Care Planning Committee and the Environmental Health Planning Committee, both under the chairmanship of the Medical Officer of Health, continued to meet on a monthly basis throughout the year to monitor progress and to examine critically all aspects of the day to day operation of the health services.

These meetings provide a forum for the Department's senior staff to exchange views and ideas, and have contributed considerably towards the formulation of policy aimed at a continual improvement in the quality of the services provided.

BUILDING MAINTENANCE

Because of the large numbers attending the major centres daily, the clinic buildings, nursery schools, etc., require constant maintenance to retain an appearance befitting a health centre. A building maintenance unit comprising of a senior maintenance fore-man, a working foreman, a painter, two handymen and one labourer was formed early in the year to carry out an on-going programme of preventive maintenance and redecoration at the department's 24 major polyclinics, 8 nursery schools and 7 health inspection divisional offices situated throughout the municipal area.

All departmental premises are visited on a regular basis by the senior works foreman or his assistant to ensure that routine repairs are carried out promptly and a programme is being followed whereby all buildings undergo complete internal and external redecoration at least once every five years. In the short time that this team has been in operation, there has already been a marked improvement in the general appearance of the buildings as well as a saving in maintenance costs.

FINANCE

It was necessary, as in previous years, to maintain a restrictive fiscal policy against a national inflation rate which had risen to 14,5% by December, 1982. Expenditure was therefore rigidly controlled and monitored to ensure that the needs of the service were met and that cost increases were kept to a minimum. A blanket freezing of vacant posts was introduced by the Council during the year and only in exceptional cases were additional posts considered.

In terms of government legislation, the financial year of all local authorities in the Republic has been changed from the usual calendar year to that of a period covering 1 July to 30 June. To this end the extension of the 1982 financial year of Local Authorities Ordinance, 1982, was published, which provided for a six month extension of the 1982 financial year from 1 January 1983 to 30 June 1983, i.e. a financial period of 18 months.

As a consequence of this action, full details of income and expenditure for the extended financial period are not available for inclusion in this report. However, estimated expenditure on a pro-rata basis for the 12 month period 1 January to 31 December 1982 totals R9 280 535 as compared to actual expenditure of R8 834 485 for the corresponding period in 1981, which represents an anticipated increase of only 5%.

Capital funds amounting to R552 570 have been made available to cover the 18 month financial period for the erection of 4 additional public sanitary conveniences; the purchase of 3 additional and 7 replacement vehicles, including one new and one replacement mobile X ray unit; the modernisation and uprating of existing equipment for air pollution monitoring; the purchase of nuclear monitoring equipment; replacement of equipment for mass radiography; extensions and building alterations at 3 polyclinics; and the purchase of additional telecommunication equipment to expand the Department's Civil Defence network.

A modern polyclinic in the Langa township was completed during the year and work has commenced on the Rocklands polyclinic which is the third centre to be built so far in the Mitchell's Plain area. Funds for the Langa project were provided by way of a loan to the Administration Board by the City Council and the Mitchell's Plain polyclinic is being funded ex National Housing funds. Both projects have been approved by the Department of Health and Welfare for purpose of part-refund of expenditure.

TRAINING PROGRAMMES

The training of health personnel continued during the year within the cycle of courses geared to the Department's activities. In-service training was provided for medical post graduates, medical students, student nurses, and student midwives from seven training hospitals in the Cape Town area. In addition, a continuous programme of in-service training in preventive and promotive personal health services was provided for the Department's own staff of clinical medical officers, community health nurses, clinic sisters and nursing assistants. When requested by Colleges for Advanced Technical Education, practical training of students from outside the service was undertaken by the Department during the student vacation periods. Training courses were provided for medical doctors undertaking post-graduate courses in community medicine, and for other staff attending courses leading to the Diplomas in public health, and community health nursing.

TRAINING COURSES

	<u>MEDICAL</u>	<u>HEALTH INSPECTION</u>	<u>COMMUNITY HEALTH</u>
COURSE	M. MED. AND F.F.C.H.	DIPLOMA IN PUBLIC HEALTH	DIPLOMA IN COMMUNITY HEALTH NURSING SCIENCE
Students	2	7	4

IN-SERVICE TRAINING

	<u>MEDICAL</u>	<u>NURSING</u>	<u>HEALTH INSPECTION</u>	<u>MEDICAL</u>	<u>COUNCIL</u>	<u>COUNCIL</u>
COURSE	M. MED. AND F.F.C.H.	PREVENTIVE AND PROMOTIVE COMMUNITY HEALTH SERVICES	DIPLOMA IN PUBLIC HEALTH	STUDENTS U C T	INDUCTION	SUPERVISORS (ADMIN.)
Internal Students	2	257	7	0	18	3
External Students	6	906	11	120	0	0

STAFF

As at 1 January 1982, the authorised fixed establishment of the Department was 887 posts. The establishment was reduced by 2 posts on 1 November, 1982 due to the transfer of the Registrars in Community Medicine to the control of the Department of Health and Welfare. Of the remainder, 56 posts in the various services still require State Health approval leaving a net effective strength of 829 which, together with 3 authorised supernumerary personnel resulted in a total of 832 posts at 31 December 1982.

FULL-TIME STAFF ESTABLISHMENT AS AT 1982-12-31

Medical Officer of Health	R J COOGAN	LRCS, LRCP (Irel.), DPH(N.U.I.),LM (Rotunda) F.R.S.H.
Deputy Medical Officer of Health	M A CHAIMOWITZ	MB ChB, DPH (Cape Town)
Deputy Medical Officer of Health	M E E POPKISS	MB ChB, DCM (Cape Town) DOM (Stellenbosch)
Assistant Medical Officer of Health	N M DURCAN	MB BCh, DPH (N.U.I.), DCH RCP (Lond.), RCS (Eng.), LM (Rotunda), BA (S.A.)
Principal Medical Officer	G R F MASEY	MB BCh, (Witwatersrand), DCM (Cape Town), DOM (Stellenbosch)
Principal Medical Officer	T F NEWMAN	MB ChB, DPH (Cape Town)
Principal Medical Officer	N WALKER	MB ChB, (Cape Town)
Senior Medical Officer	S SANDERS	MB ChB, (Cape Town)
Clinical Medical Officer	A E COOPER	MB ChB, (Cape Town)
Clinical Medical Officer	VACANT	
Clinical Medical Officer	M A ADLER	MB Bch, (Witwatersrand)
Clinical Medical Officer	A BASS	MB ChB, (Cape Town)
Clinical Medical Officer	L B BLUMENTHAL	MB ChB, (Cape Town)
Clinical Medical Officer	L KING	MB ChB, (Pretoria)
Clinical Medical Officer	N A MURISON	MB ChB, (Cape Town)
Clinical Medical Officer	J I RENNIE	MB ChB, (Cape Town)
Clinical Medical Officer	G H VISSER	MB ChB, (Pretoria)
Clinical Medical Officer	A J WILSON	MB ChB, (Cape Town)
Clinical Medical Officer	S M YOUNGLESON	MB ChB, (Cape Town)
Senior Veterinary Officer	D DIXON	B.Sc (Rand), B.V.Sc (Pretoria)

ADMINISTRATIVE

Chief Administrative Officer	C E BAILEY	AIAC
Assistant Chief Administrative Officer	M P O'LEARY	AIAC
Chief Administrative Assistant	A E S COX	AIAC
Chief Administrative Assistant	D W GILLIES	
Principal Administrative Assistants	5	
Senior Administrative Assistants	7	
Senior Storekeeper	1	
Administrative Assistants	34	
Personal Secretary to Medical Officer of Health	1	
Principal Secretarial Typist	1	
Senior Secretarial Typists	2	
Senior Typists	3	
Typists	2	
Senior Maintenance Foreman	1	
Office Attendant	1	
Messenger	2	
Painter	1	

Handyman	2
Working Foreman	1
Senior Clerical Assistant	1
Storeman	1

COMMUNITY HEALTH CARE

Nursing Personnel

Chief Public Health Nurse	D HORNE	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor
Assistant Chief Public Health Nurse	M C KOTZE	Certs. S A Nursing Council Gen. & Midwif.) Nat. Diploma in Public Health Nursing
Senior Public Health Nurse	V K DEKENAH	Certs. S A Nursing Council (Gen. & Midwif. & Operating Theatre technique) Nat. Diploma in Community Health Nursing
Senior Public Health Nurse	D ENGLE	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor and School Nurse
Senior Public Health Nurse	A P GEARY	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor
Senior Public Health Nurse	E M A HARWOOD	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor and School Nurse
Senior Public Health Nurse	K V MOODLEY	Certs. S A Nursing Council (Gen. & Midwif.) RSH, Health Visitor
Senior Public Health Nurse	B L J MSENGANA	Certs. S A Nursing Council (Gen. & Midwif.) RSH, Health Visitor
Senior Public Health Nurse	I T MATINISE	Certs. S A Nursing Council (Gen., Midwif. & Psychiatric), Nat. Diploma in Community Health Nursing)
Senior Public Health Nurse	M M A WESSELS	Certs. S A Nursing Council (Gen. & Midwif.), Nat. Diploma in Public Health Nursing
Senior Public Health Nurse	E BEHR	Certs. S A Nursing Council (Gen., Midwif., Psychiatric, Ward Admin. and Clinical Teaching) Nat. Diploma in Community Health Nursing
Public Health Nurses	68	
Senior Clinic Sisters	10	
Clinic Sisters	83	
Male Nurses	3	
Nursing Assistants	60	
Learner Public Health Nurses	3	

Family Planning

Senior Family Planning Nurse	J T LOW	Certs. S A Nursing Council (Gen. & Midwif.), Cytology
Liaison Officer, Family Planning Education	F PATEL	B.A. (Unisa)
Senior Family Planning Nurses	3	
Family Planning Nurses	19	
Nursing Assistant	1	
Adviser, Family Planning Education	13	

COMMUNITY LIAISON

Chief Community Liaison Officer	M E PRICE	B.Soc.Sc., Diploma Housing Management
Community Liaison Officers	3	

NURSERY SCHOOLS and CRECHES

Supervisor of Nursery Schools	J M EBDEN	Cert. Nur. Sch. Teachers
Senior Nursery School Teachers	6	
Nursery School Superintendents	3	
Nursery School Teachers	6	
Nursery School Assistants	13	
Creche Superintendents	8	
Nursery School Domestic	16	
Children's Help	12	
Nursery School Laundress	7	
Cooking Hands	9	

ENVIRONMENTAL HEALTH

Chief Health Inspector	B J DANIELS	Cert. RSH
Assistant Chief Health Inspector	D E C FILBY	Cert. RSH
Assistant Chief Health Inspector	J A MUNRO	Cert. RSH
Principal Health Inspector	L L DE ROUBAIX	Cert. RSH
Principal Health Inspector	J F DU TOIT	Cert. RSH
Principal Health Inspector	W J LUBBE	Cert. RSH
Principal Health Inspector	R A OCKELFORD	Cert. RSH
Principal Health Inspector	J C SCHAFFERS	Cert. RSH
Principal Health Inspector	T J TINKER	Cert. RSH
Principal Health Inspector	C P TRAUTMANN	Cert. RSH
Principal Health Inspector	C J VAN DER BERG	Cert. RSH
Senior Health Inspectors	16	
Health Inspectors	44	
Learner Health Inspectors	10	
Senior Pest Control Operatives	5	
Pest Control Operatives	20	
Clerical Assistants	7	
Senior Storeman	1	
Chalet Attendants	152	

Air Pollution Control

Air Pollution Control Officer	B D OXLEY	ONC (Mech. Eng.) HNC (Elec.Eng.) C & G (Higher Fuel Tech.)
Pollution Control Inspectors	5	

Milk Control

Senior Health Inspectors	3
Professional Assistant	1
Laboratory Assistant	1

OTHER PERSONNEL

Health Education Officer
Health Education Lecturers
Radiographers
Senior Pharmacist
Pharmacist
Clinic Assistants
Motor Vehicle Drivers
Attendant/Cleaners
Domestics
Labourer/Leading Hands
Labourers
Works Storeman
Storekeeper
Laundress

T J HURTER

2

4

VACANT

VACANT

8

8

25

40

2

8

1

1

2

B.Sc, STD (Cape Town)

MAP 2

SUBURBS OF GREATER CAPE TOWN



II SOCIAL GEOGRAPHY

SOCIAL AND ECONOMIC CONDITIONS

Economic conditions deteriorated in 1982 with continuing escalation of prices for all basic commodities. The wages of unskilled and semi-skilled labour have not increased proportionately and greater hardship has resulted. Unemployment increased in 1982.

The largest population group consists of Coloureds (59% of the total population). Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, Blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Black and other stocks. There is one section of the Coloureds, Moslem in religion, known as 'Malays' who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with other elements present in the Coloureds.

The social and economic conditions of the Coloureds are on the whole unsatisfactory. A section of Coloureds are skilled tradesmen who earn good wages but the majority are unskilled workers who earn on an average of less than R55,00 a week when in full employment. The position is aggravated by the large size of their families, limited sick benefits and unemployment insurance payments are available to registered workers. Mitchells Plain has provided opportunities for home ownership but lack of rented accommodation in relation to escalating need has perpetuated overcrowding in existing townships. Housing accommodation, apart from municipal schemes is relatively expensive and poor. The gap between the social conditions of the White community and the Coloured community remains; few Whites live in unsatisfactory conditions but the majority of Coloured families live in poor social and economic conditions.

The Black or Bantu group constitute only 12% of the Cape Town population. They live in the Peninsula Administration Board townships of Langa and Guguletu, or if in domestic service, in their employers' homes. Many of the Blacks are male migrant labourers from the Bantu homelands; but there is an increasing population of urbanised Blacks who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are worse than those of the Coloured people due to greater overcrowding and few houses being built.

The Asian group constitute only 1% of the Cape Town population. They are nearly all traders, and are better off than the Coloureds. Some of them are making good progress in business and are well-to-do.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

III VITAL STATISTICS

DEMOGRAPHIC DATA (Summary data in Tables A and 111.2 Pages 97 and 98).

TOTAL POPULATION.

A national census was conducted on 1980-05-06 and although preliminary results are available these are not sufficiently detailed to allow for their use in this report. Estimates of the population as at 1981-06-30 have been calculated using annual growth rates derived from the census of 1960 and that of 1970. These rates were 1,486% for Whites, 3,734% for Coloureds and 2,727% for Asians. The Black population has been estimated on the basis of figures supplied by the Administration Board but with upward adjustment to account for the large number of Black persons who must be present in the City unbeknown to the Board (this is borne out by the scrutiny of such parameters as the Langa fertility rate and tuberculosis incidence rates). The Board figures for 1982-12-31 were 14 538 males, 9 089 females for Langa and 42 641 males, 26 660 females for Guguletu, to give a total of 92 928 persons.

Figure 3.1 POPULATION GROWTH OF THE CITY OF CAPE TOWN 1960-1982

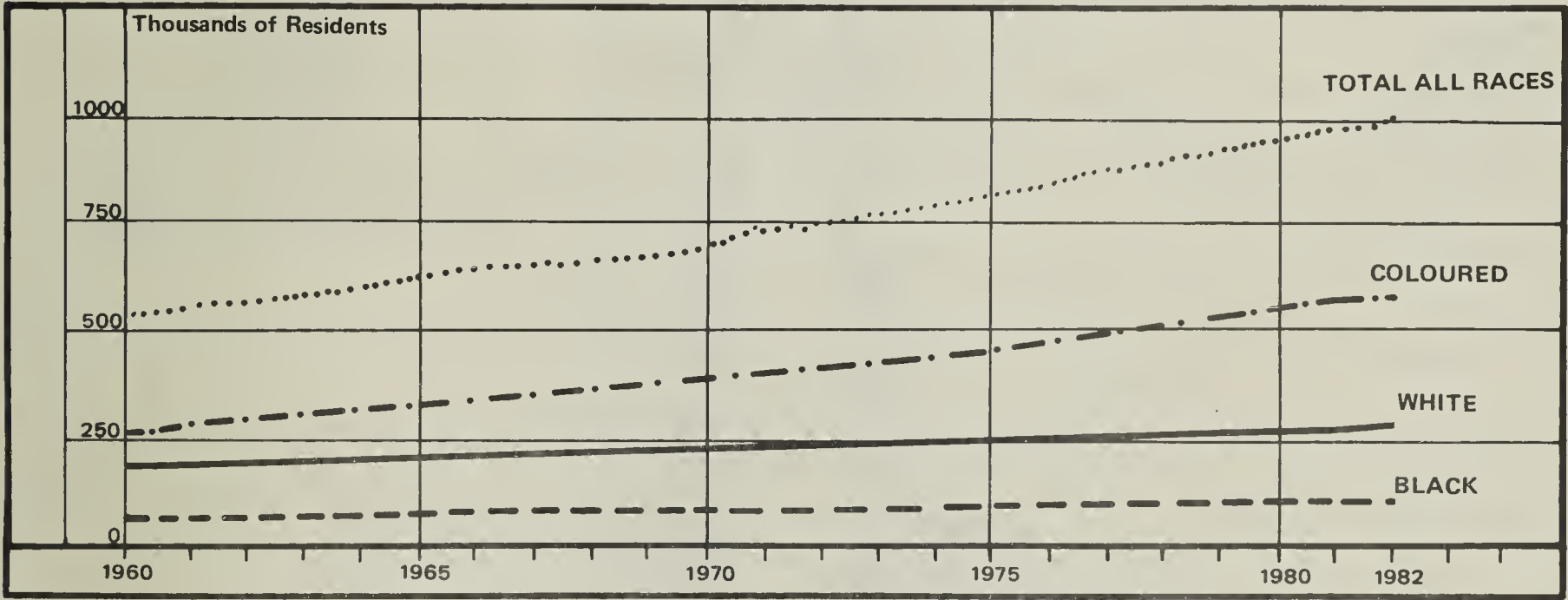
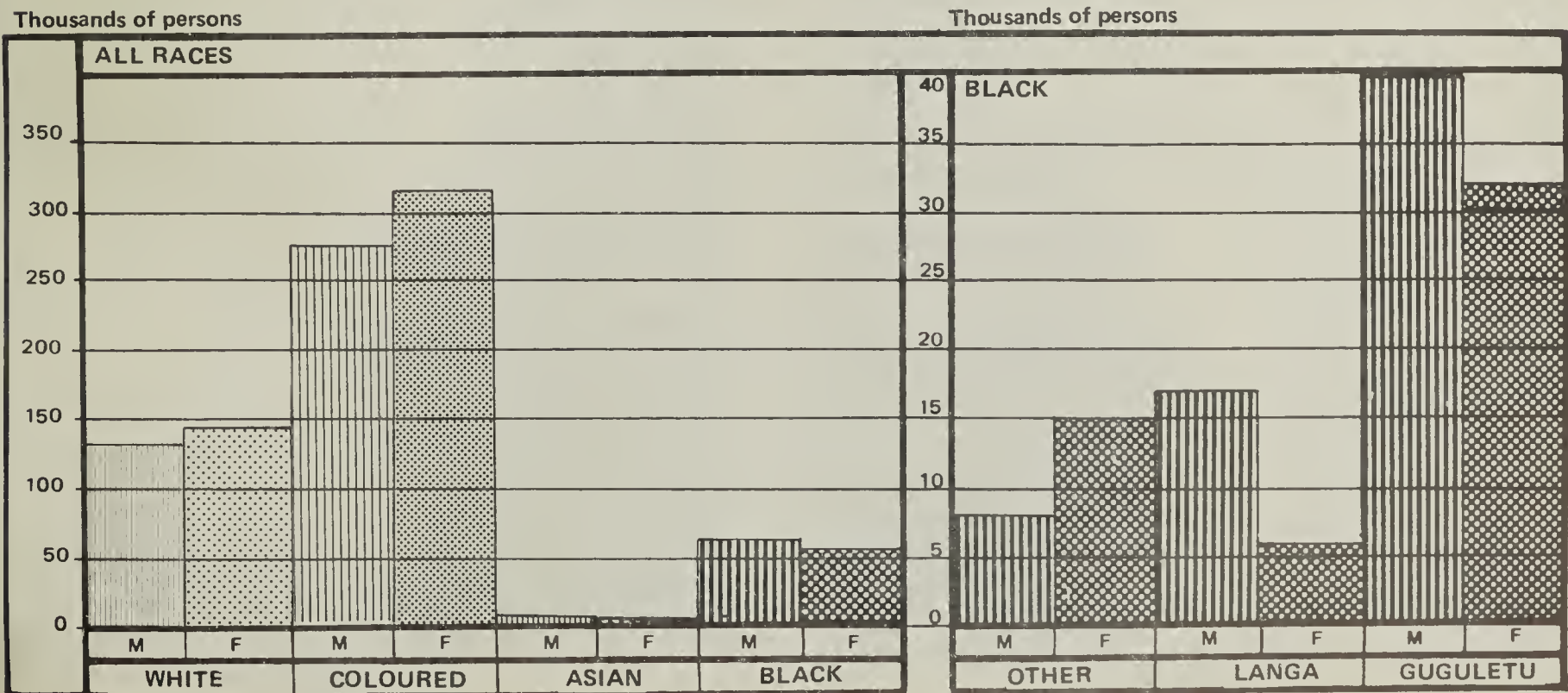


Figure 3.2 POPULATION OF THE CITY OF CAPE TOWN BY RACE AND SEX 1982

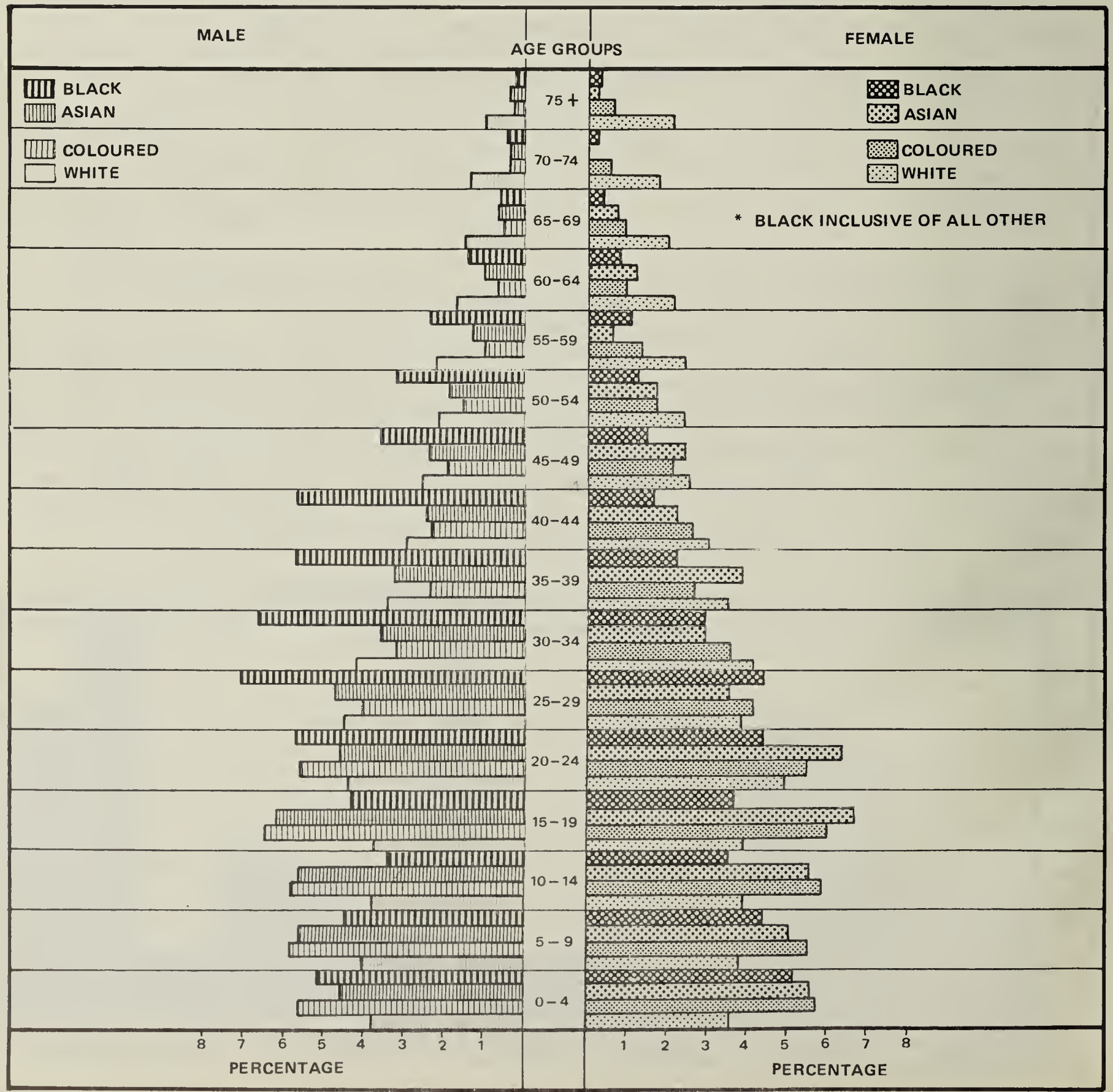


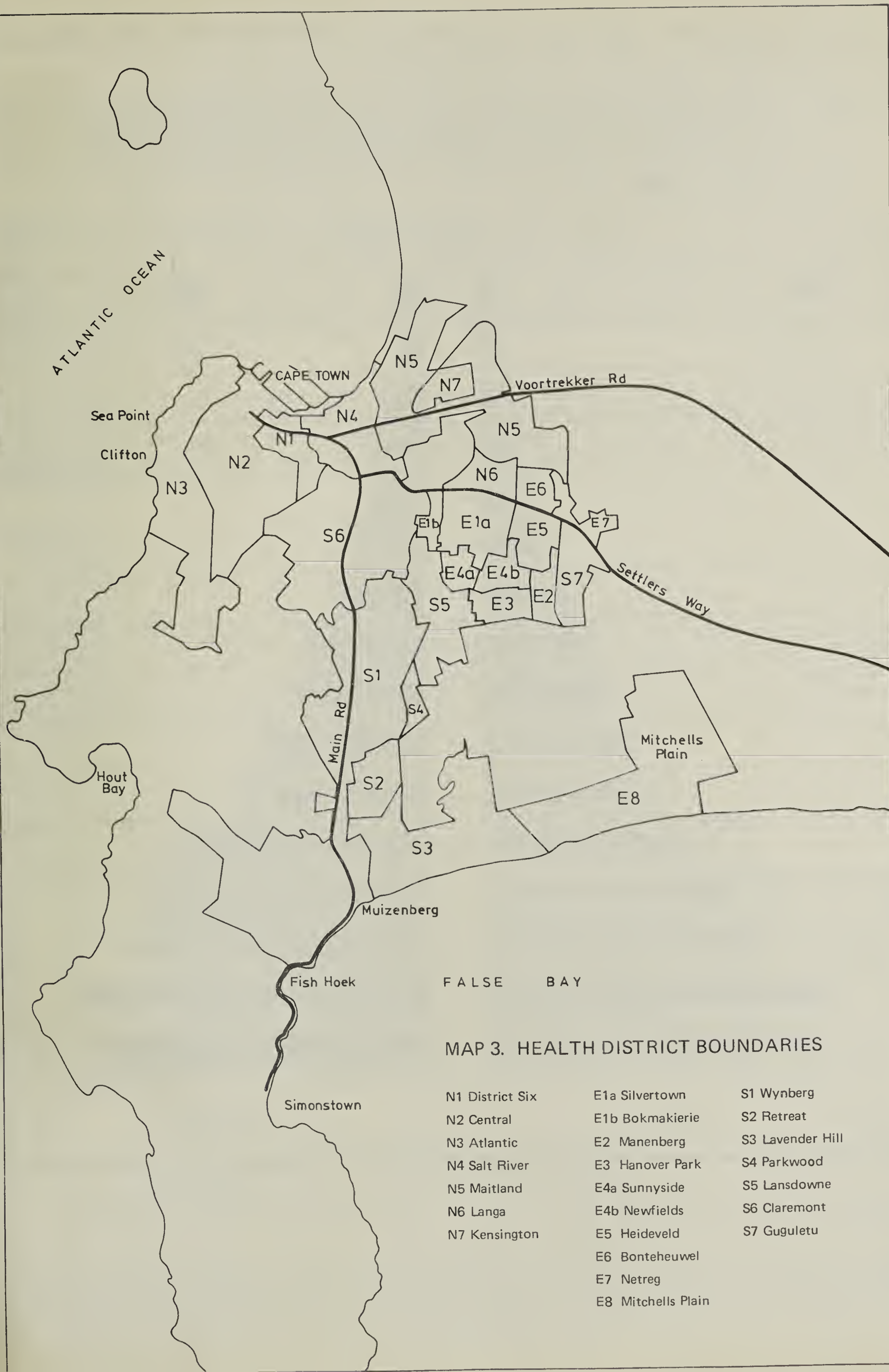
The total population estimate for 1982, at 1 001 870, represents an 84% growth since 1961, most of which was due to growth in the size of the Coloured community (Table III.1 Page 97 and Figure 3.1.). The race and sex structure of the population is displayed in Figure 3.2 and detailed in Table III.2 Page 98. Cape Town is thus nearly as populous as Birmingham, England (1981 population 1,006,900).

POPULATION PYRAMIDS

Age - Sex Population Pyramids for the different race groups have not yet been compiled specifically for the Municipal area, but are displayed for 1980 for the whole of the 01 economic region, (which includes Cape Town, Bellville, Wynberg, Goodwood and Simonstown Magisterial districts) in Figure 3.3. On this figure females account for 51,13 of the White 50,74 of the Coloured population; 49,71 of the Asian and 37,98 of the Black population groups.

Figure 3.3 POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE GROUP INTERVALS BY RACE IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, SIMON'S TOWN, GOODWOOD AND BELLVILLE)



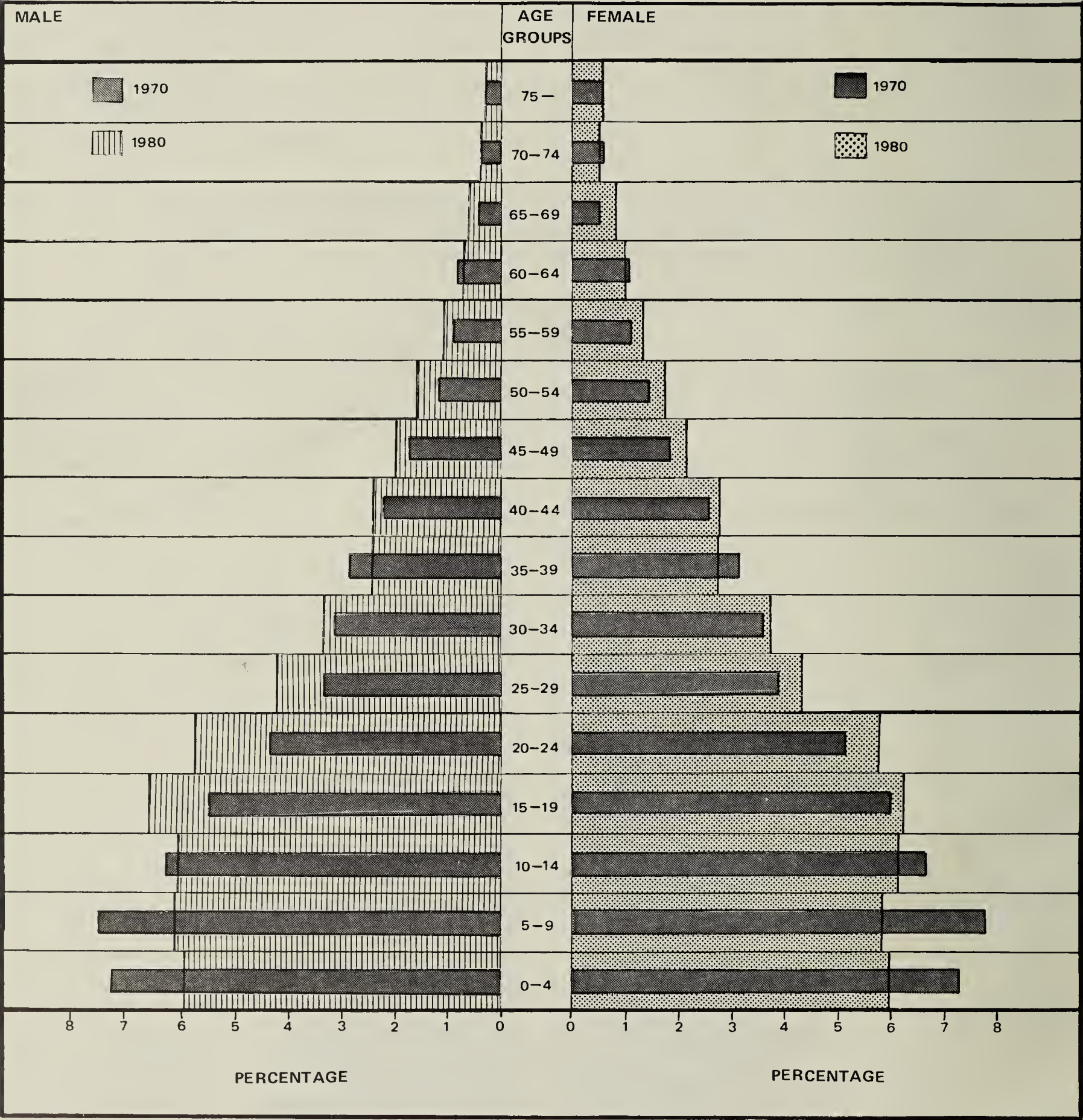


MAP 3. HEALTH DISTRICT BOUNDARIES

N1 District Six	E1a Silvertown	S1 Wynberg
N2 Central	E1b Bokmakierie	S2 Retreat
N3 Atlantic	E2 Manenberg	S3 Lavender Hill
N4 Salt River	E3 Hanover Park	S4 Parkwood
N5 Maitland	E4a Sunnyside	S5 Lansdowne
N6 Langa	E4b Newfields	S6 Claremont
N7 Kensington	E5 Heideveld	S7 Guguletu
	E6 Bonteheuwel	
	E7 Netreg	
	E8 Mitchells Plain	

Figure 3.4 illustrates the changes in population pyramid form that have taken place over the decade 1970 - 1980 in the Coloured group.

Figure 3.4 POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE GROUP INTERVALS FOR COLOURED IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, SIMON'S TOWN, GOODWOOD AND BELLVILLE) 1970 AND 1980



REORGANISATION OF DATA COLLECTION

In tandem with the establishment of a Comprehensive Health Service (see page 53) the basis for a new system of data collection has been blueprinted. In essence this involves the geographic division of the Municipal area into Health Districts (HD). In defining the boundaries of the HD certain objectives were set, namely to allow for the establishment of a data base with reasonable ease, to ensure that this data base could be relied upon to yield accurate and significant data, to take into account the technical resources (chiefly clinic buildings) extant, to take due cognisance of the preferences of the population domiciled therein for particular points of health care delivery, to base HD on Community Health Centres easily accessible to all the inhabitants, to allow for maximum utilisation of all groups of staff and to offer them maximum opportunity and to take natural and man-made boundaries into account (ultimately basing boundaries on those of census enumerator sub-districts of the 1970 census but accepting that changes will be necessary to follow the 1980 census delimitation).

Some 24 Health Districts have been delineated (see Map 3). It is intended to proceed with revision of all data collection so that pertinent data pertaining to their health status can be related to defined communities; so that the work of the health services can be evaluated and so that the effect of innovative measures can be accurately assessed.

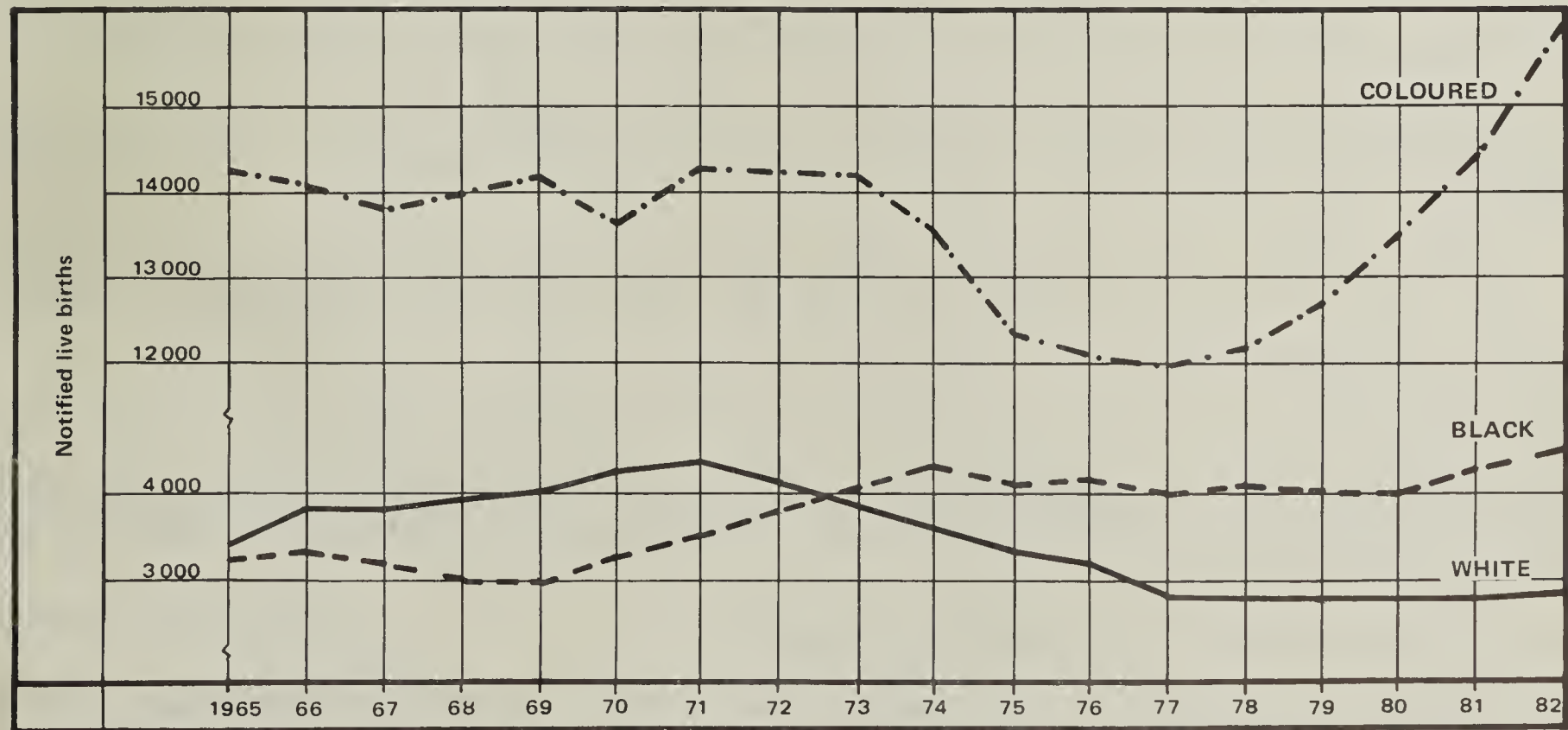
BIRTHS

NOTIFICATION OF BIRTHS

Information regarding births is obtainable either from 'Registrations' made under the Births, Marriages and Deaths Act or from 'Notifications' made under the old Public Health Act. The latter are far superior in respect of this city and use of the former was discontinued by this Department some years ago. The value of the Notification procedure is widely recognised by other Public Health authorities and the necessity for maintaining this procedure has been emphasized on many occasions.

NOTIFIED LIVE BIRTHS AND BIRTH RATES

Figure 3.5 THE NUMBER OF WHITE, COLOURED AND BLACK LIVE BIRTHS TO CAPE TOWN RESIDENTS NOTIFIED ANNUALLY FROM 1965-1982



There were 37 more (+ 1,3%) White, 1385 more (+ 9,5%) Coloured, 194 more (+ 4,4%) Black and 18 fewer (- 12,2%) Asian live births to mothers resident in Cape Town during 1982 than in 1981. The trend in terms of actual numbers of such births is shown in Figure 3.5 which covers the years 1965 - 1982 (but which for clarity excludes Asian live births; these accounted for only 0,55% of all live births in 1982).

Table III.4 Page 99 details live births by race and sex for 1981 and 1982 and indicates that the Birth rates for Asians and Whites decreased slightly while those for Coloureds and Blacks rose slightly.

Trends in numbers of live births and birth rates by race 1978 - 1982 are contained in Table III.5 Page 99. The Asian rate has fallen rapidly over this period, the Coloured rate has risen gradually, the White rate has been static and Black rates fell, but are rising.

Langa and Guguletu : There were 4559 Notified Live Black births in Cape Town during 1982, an increase of 4,4% from 1981.

Live Births are related to population for the different Cape Town Communities in Table III.6 Page 99 which shows that in 1982 the Black birth rate in Langa was 84/1000 population, that in Guguletu was 33,10 and that for other Blacks was 8,72. These figures cannot be directly compared with each other or with the other race group birth rates because of the gender imbalance in Langa.

FERTILITY RATES

Table III.7 Page 100 shows an attempt to determine the fertility rates for the various groups i.e. the number of Notified Live Births / 1 000 women in the child-bearing age group during 1982. The Langa fertility rate at 631,86 contradicts the official population figure. The Guguletu figure of 153,27 was much lower but still higher than Coloured fertility and more than three times that of Whites.

STILL BIRTHS (SB) AND STILL BIRTH RATES (SBR)

The Still Birth Rate (SBR) (see Table III.8 Page 100) can be calculated with some certainty as it is not dependent on population data. It is an indicator of the quality of ante-natal care and of general health conditions. While the causes of all these stillbirths were not identified a paper by Woods and Draper (Woods, D.L. Draper, R.R. (1980) S.Afr. Med. J. 57,441) revealed that abruptio placentae, gross amniotic fluid infection and severe congenital abnormality were the commonest autopsy findings in Cape Town. There was a decrease in the SBR for Whites (from 7,3 to 3,8); for Coloureds (from 13,0 to 12,5); and in Asians (from 6,8 to 0); and an increase for Blacks (from 17,78 to 18,30) in 1982 compared with 1981 - See Table III.8 Page 100.

In addition to the 298 SB to municipal residents there were 91 such births to non-resident mothers notified to this Department in 1982 (compared to 292 and 87 in 1981).

Langa and Guguletu : The Still Birth Rates for Langa and Guguletu were slightly higher in 1982 than in the previous year and were some five times worse than that for Whites (Table III.9 Page 100).

MULTIPLE BIRTHS

There were 266 pairs of twins notified in 1982 (continuing an established trend). The twins are classified according to race and as to whether of the same or mixed sexes in Table III.10 Page 101.

PLACE OF OCCURRENCE OF BIRTHS/BIRTH ATTENDANTS

The trend for deliveries to take place in institutions continued in 1982 when 74% of live and still births to municipal residents were so classified (see Table III.11 Page 101). Of all live or still births notified irrespective of the residential status of the mother, 73% of deliveries took place in institutions (see Table III.12 Page 101).

LEGITIMACY

The percentage of all Live Births that were illegitimate was 9% higher in 1982 than in the previous year (see Table III.13 Page 102). The high percentage (76%) of births to teenage mothers that were illegitimate continues the established pattern in this regard and these births are classified by age and race of the mother in Table III.14 Page 102.

The trend towards an ever higher percentage of illegitimate births over the past quarter century is shown in Table III.15 Page 103 although the 1982 figure at 39% of total live births was lower than the peak reached in 1979.

To place local illegitimacy in perspective it is interesting to compare the percentage of White and Black Live births that were illegitimate in Cape Town in 1982 (8,7% and 60,8% respectively) with figures for Whites and Blacks in Washington, United States of America in 1975 (12,9% and 57% respectively).

MONTH OF BIRTH

Coloured and Black births by month are detailed in Table III.47 Page 120 .Winter mean monthly births exceeded summer figures in the years 1980 to 1982 as follows: Black: 1980 +7,2%; 1981 +15,4%; 1982 +11,3%; Coloured: 1980 +5%; 1981 + 3,7%; 1982 +3,4% (Table III.48 Page 121).

The differentials were usually greater in Coloureds when illegitimacy is considered. The figures being 1980 +9,8%; 1981 +5,3% and 1982 +6,7%. However in Blacks, illegitimacy did not exert the same effect, the winter margin over summer monthly means being 1980 +6,3%; 1981 +6,1% and 1982 +12,9% (Table III.49 Page 121).

DEATHS

Deaths registered in 1982 may have taken place in 1981 and some deaths taking place in 1982 were not registered in that year so are not included in the total.

Information pertaining to Deaths is extracted from the records of, and by courtesy of, the Minister of the Interior.

The validity of the data as to cause of death can be questioned on a number of grounds e.g. - (a) most cases are not subjected to post-mortem and the diagnosis made is thus a clinical one; (b) even where the medical practitioner is confident of the clinical diagnosis the certificate may be difficult to read or interpret, it may give unclassifiable causes of death or it may give more than one cause of death with no indication of which one the doctor considered the actual cause of death; (c) even where the actual cause of death is known and stated it is often arguable whether or not an underlying or precipitating cause of that condition should be regarded as the cause of death; (d) the grouping of certain International Classification of Diseases Code numbers in classifying causes of Deaths follows a traditional and arbitrary pattern - it is intended to review this in future reports; (e) it should be noted that mortality figures for the City of Cape Town cannot always include all deaths of Municipal residents which occur outside the Municipal area.

Unless production of these annual reports was delayed by at least six months it is not expected that all data relating to deaths occurring in a particular year will have filtered through to this Department, hence it is not possible to classify deaths by the month in which they occurred but only by the month in which the registration became known to this Department. Age-sex-cause-specific data is not presented owing to the lack of current demographic data.

GENERAL MORTALITY

NUMBER OF DEATHS AND CRUDE DEATH RATE

There was a decrease in the crude death rate for all race groups compared with the previous year (see Table III.16 Page 103) but no clear trend emerges over the past five years (see Table III.17 Page 104).

On the face of it, it would appear as if the death rates for Blacks are not all that different from Whites. However, crude death rates are not reliable health indicators as they do not reflect the age structure of a population. Older persons are naturally expected to die, children not. Yet the Black population consists largely of children and economically active adults whereas the White group has far fewer children and many more retired persons. The large number of deaths in very young Blacks is discussed in the following section.

Langa and Guguletu : Crude Death Rates are given in Table III.16 Page 103.

DEATHS BY AGE AT DEATH

The age at death is tabulated in Table III.18 Page 104 but age specific death rates cannot be calculated without the denominator (population in each age group), which is not available. The percentage of all deaths occurring at age 55 years or more is a health indicator because it rises as more babies survive to such ages. Figure 3.6 details the percentage of all deaths occurring at age 55 years or more for the different race groups over the past ten years and in general there is a satisfactory rising trend in this regard. However the percentage of Blacks dying at or over 55 years remains lower than for Coloureds which in turn is lower than that for Whites. There was little change in 1982 compared with 1981. Mortality in the very young is discussed in greater detail on page 26.

PRINCIPAL CAUSES OF DEATH

Causes of death have been coded according to the 9th Edition of the International Classification of Diseases. The principal 'causes' of mortality (groups of causes) are detailed in Figures 3.7, 3.8 and 3.9.

HOMICIDE

There was a decrease in the number of homicides (code 960-969) to 117 Blacks, 217 Coloureds, 14 Whites and 2 Asians. Homicide ranked second in the Blacks and seventh as a cause of Coloured death.

'CANCER' (Malignant neoplasms, including those of lymphatic and haemopoeitic tissue, according to the 9th Edition I C D) deaths totalled 1184 (492 Whites, 526 Coloureds, 3 Asian and 163 Black) in 1982 and remains the leading cause of death in all race groups except Asians. These are detailed in Table III.19 Page 105. Neoplasms of the lungs and trachea are detailed in Tables III.20 and III.21 Page 105.

There was an increase in incidence compared with 1981. Over the past five years an average of 11% of pulmonary cancer deaths in White males occurred in persons aged less than 55 years and 89% in persons aged 55 years or more. The comparable figures for the combined Coloured/Black/Asian group were 32% under 55 years, 68% 55 years or more.

Figure 3.6 PERCENTAGE OF ALL DEATHS OCCURING IN PERSONS AGED 55 YEARS OR MORE 1972-1982

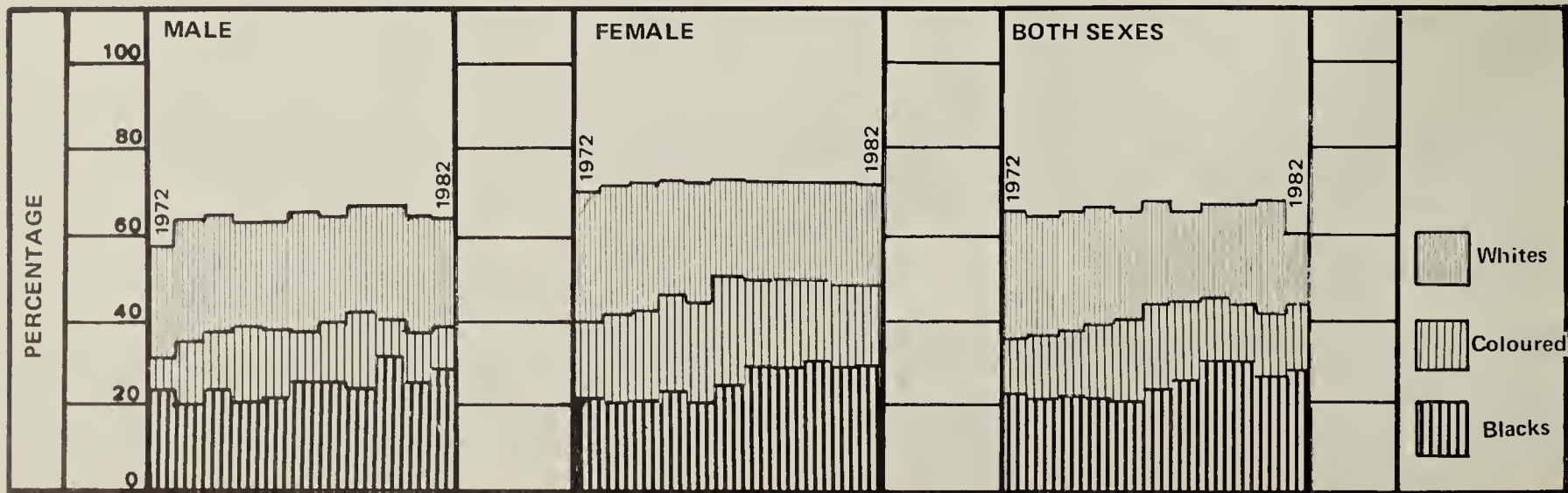


Figure 3.7 PRINCIPAL CAUSES OF DEATHS IN WHITES : 1982

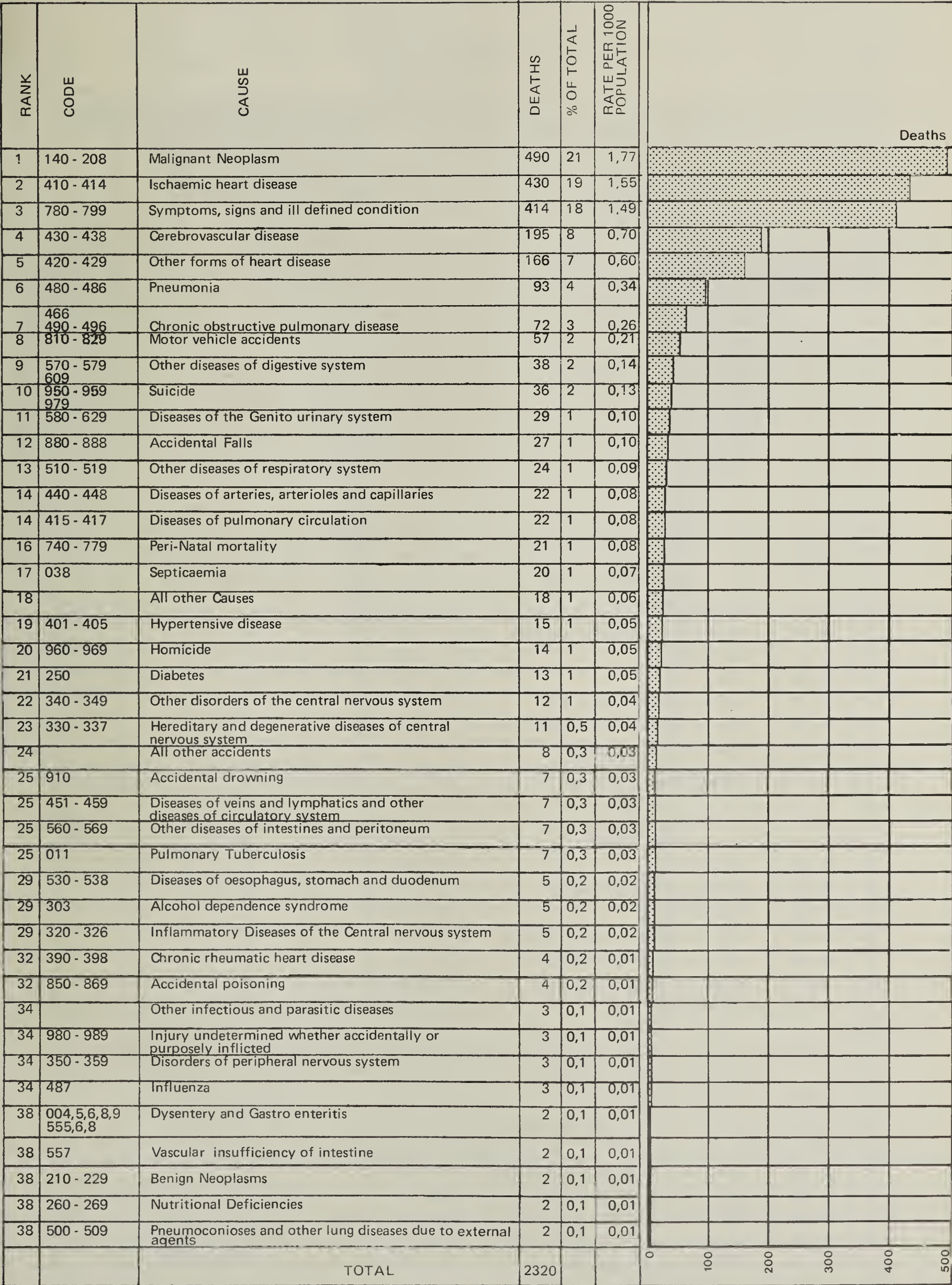
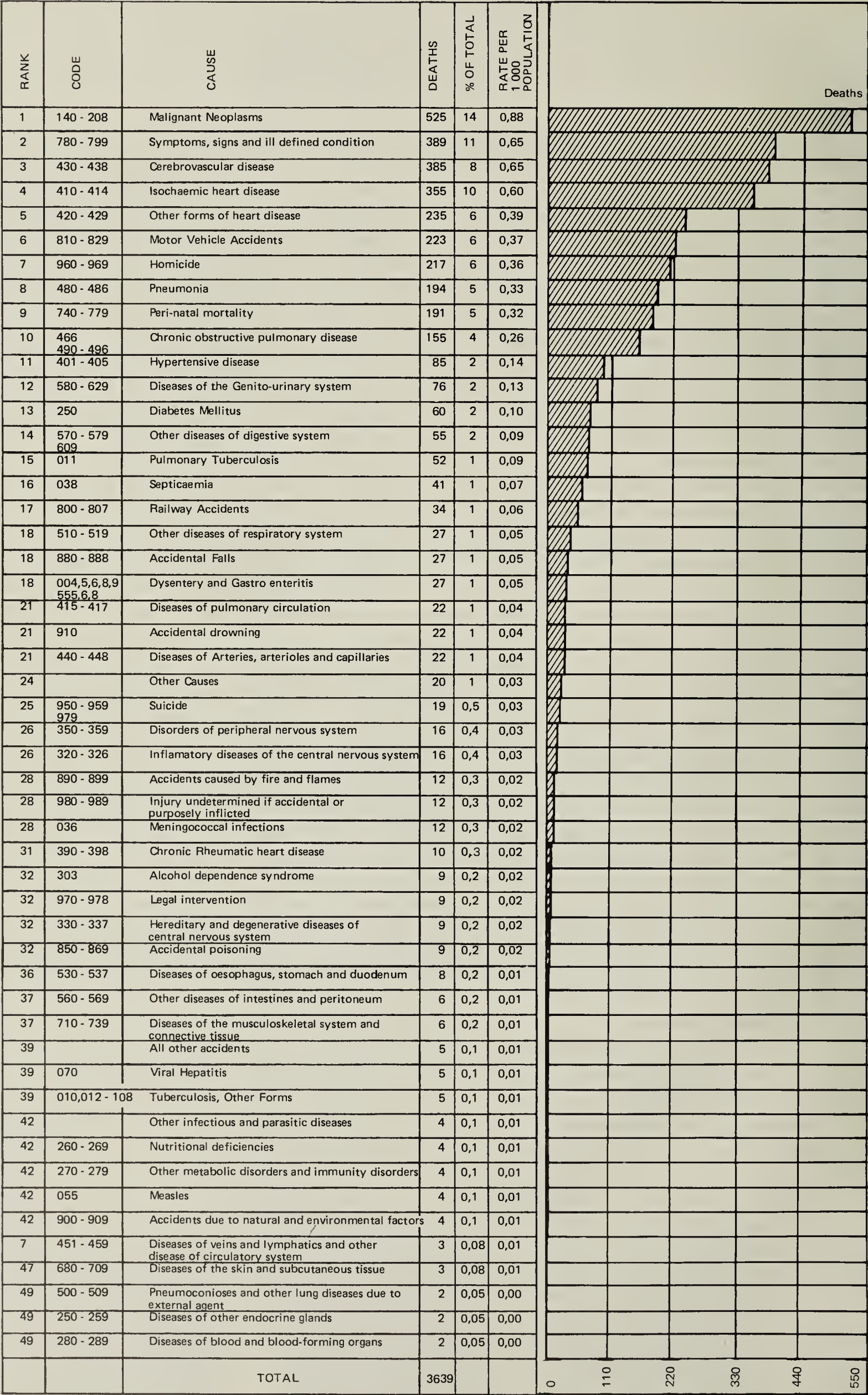
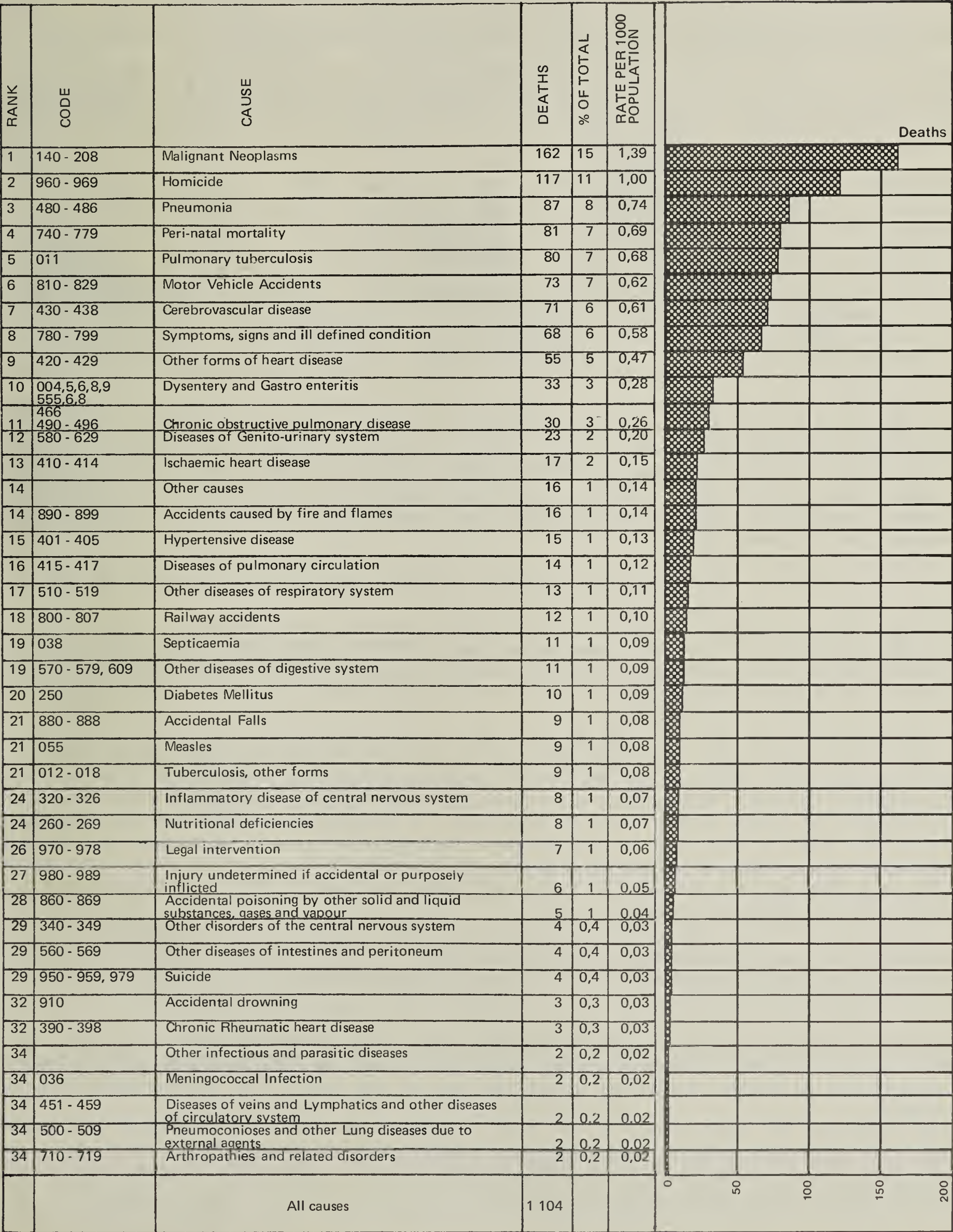


Figure 3.8 PRINCIPAL CAUSES OF DEATHS IN COLOURED : 1982



Certain causes of death are classified more precisely by race in Table III.22 Page 106 and the ratios between infectious and degenerative diseases can be seen to be quite different in the White group to the Black and Coloured Group in this Table.

Figure 3.9 PRINCIPAL CAUSES OF DEATHS IN BLACKS : 1982



ISCHAEMIC HEART DISEASE deaths have changed but little over a five year period in White females and Coloureds (see Table III.23 Page 107), but there has been a constant slight decrease in White male death rates due to this cause since 1978.

TUBERCULOSIS mortality and that due to other Notifiable Conditions are discussed in Section VI (Page 71).

Mortality due to NON-NOTIFIABLE COMMUNICABLE DISEASES is an important index of the priority to be attached to these conditions, as their morbidity is hard to quantify.

MEASLES deaths over the ten years 1973-1982 are detailed in Table III.24 Page 107. In 1982 there were 13 deaths (4 Coloured and 9 Black) compared with 7 deaths (3 Coloured, and 4 Black) in the previous year. The havoc wrought by this often underestimated childhood disease is a spur to continued preventive efforts (see page 80).

INFLUENZA, BRONCHITIS, AND PNEUMONIA mortality over the ten years 1973-1982 is detailed in Table III.25 Page 107. In 1982 there were 3 deaths due to influenza (3 Whites), 20 due to bronchitis (5 White, 13 Coloured, and 2 Black), and 376 due to pneumonia (93 White, 194 Coloured, 2 Asian and 87 Black). The importance of age is detailed in Table III.26 Page 107 wherein it is shown that 5 of the White, 50 of the Coloured and 31 of the Black deaths due to bronchitis or pneumonia occurred in infants aged less than one year.

DIARRHOEAL DISEASE

In 1982 there were 63 deaths due to these diseases (2 White, 27 Coloured, 1 Asian and 33 Black) which was similar to 1981 (6 White, 17 Coloured and 40 Black). The death rate for the whole population in 1982 due to diarrhoeal disease was 6.29 per 100 000 population. Eighty-six percent of these deaths occurred in children under the age of 5 years (50 under 1 year, 3 aged 1 year and 1 aged 2 to 4 years) and the diarrhoeal diseases remained a prime cause of Black infant mortality. (see page 31 Table III.28 Page 108 and Figure 3.15).

ACCIDENTAL DEATHS : The number of accidental deaths fell from 636 in 1981 to 600 in 1982. Details are given in Table III.29 Page 108.

SUICIDE : Data for the past five years (Table III.30 Page 109) does not show any marked change in the pattern of suicide which continues to affect particularly males and the 24-44 year old age group (Table III.31 Page 109). Mode of suicide adopted is given in Table III.32 Page 109.

Langa and Guguletu : The principal Causes of General Mortality in 1982 are detailed in Table III.28 Page 108 for Langa and Guguletu residents. Pulmonary Tuberculosis, Accidental deaths, Nephritis and Perinatal Mortality, accounted for greater percentages of Langa deaths than in Guguletu. A greater percentage of all Guguletu deaths was due to senility or ill-defined causes, other heart diseases, pneumonia, cerebrovascular diseases, homicide and gastro enteritis.

MORTALITY IN THE VERY YOUNG

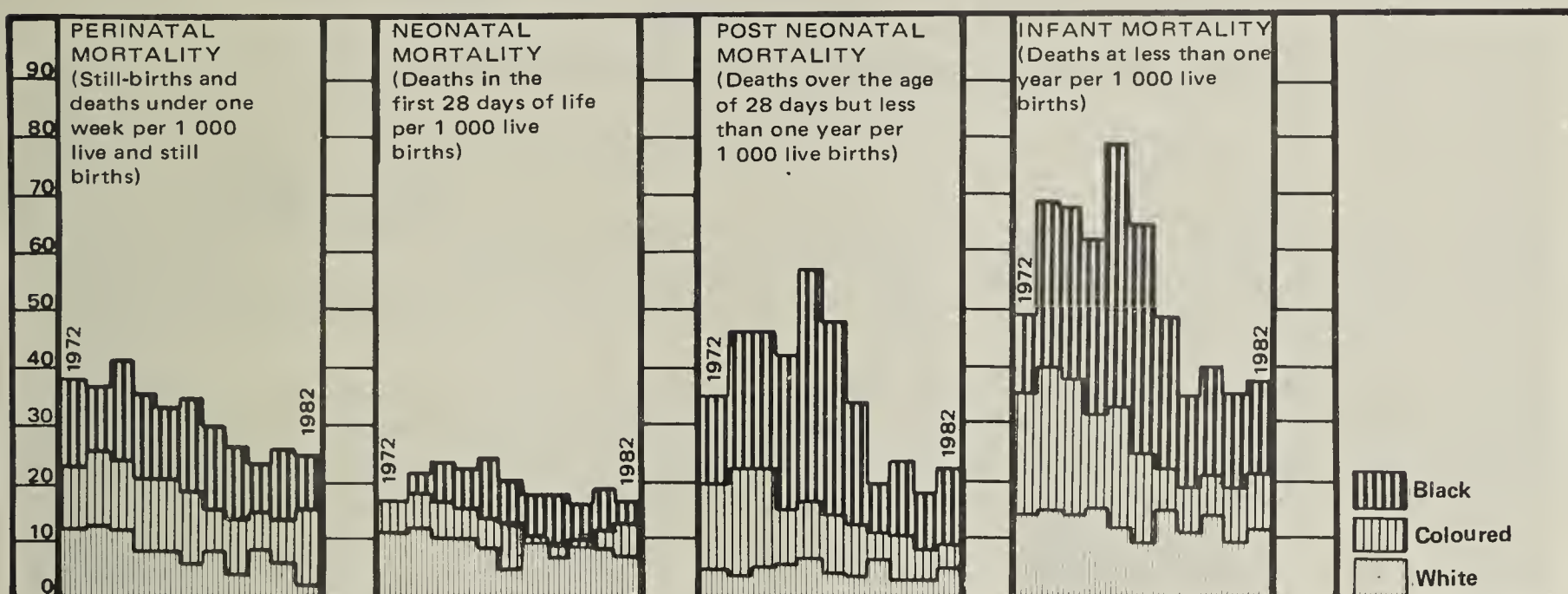
Mortality in the very young is a sensitive index of the efficacy of health services and the health status of communities and is therefore discussed as a special entity in this section of the report.

Deaths in various age groups are detailed in Table III.18 Page 104 which includes data relating to children of pre-school and schoolgoing ages but this section of the report concentrates on deaths occurring before the age of one year, i.e. deaths occurring in infants.

NUMBER OF INFANT DEATHS AND INFANT MORTALITY RATES (MR) IN GENERAL
(see Tables III.2 Page 98, III.8 Page 100, III.33 Page 110, III.34 Page 110, III.41 Page 116 and Figs. 3.10 and 3.11).

The overall decline in the Black and Coloured infant mortality rates over the past decade gives cause for great satisfaction and is a reflection of the high standard of Maternal and Child Care in the City.

Figure 3.10 PERINATAL, NEONATAL, POST NEONATAL AND INFANT MORTALITY RATES 1972 - 1982



Black infant deaths increased from 151 in 1981 to 169 in 1982 with a corresponding increase in the I M R from 35 in 1981 to 37 in 1982. White infant deaths increased from 27 in 1981 to 34 in 1982 with a corresponding increase in the I M R from 9,4 in 1981 to 11,7 in 1982. Coloured infants deaths rose from 273 in 1981 to 334 in 1982, with a corresponding increase in the I M R from 18,8 to 21,0. Asian infant deaths numbered 5 in 1982 and the I M R increased from 20,4 to 38,8. However as the numbers of this population are so small the rates cannot be regarded as comparable in validity to those for the other population groups.

Although many factors apart from race (maternal age, health, parity, socio-economic class, culture and diet) can influence perinatal mortality it is noted that ethnic differences have been highlighted in Birmingham, United Kingdom by Terry et al (Terry, P.B. Condie, R.G. Settatee, R.S. (1980) Brit. Med. J. 281, 1307).

Comparison with 6 major American cities of 500,000 or more population is interesting - infant mortality rates (U.S. Classification for "Whites" and then "all other races" for 1978 were for Kansas City 16,7 and 38,9; St. Louis 13 and 28,8; Chicago 15,3 and 26,6; Cleveland 14,5 and 25,7 (Source National Centre for Health Statistics, Hyattsville, Maryland, U.S.A.).

Infant Mortality Rate data over the past few decades (Fig. 3.11) reveals the value of Early Notification of Births and the total inadequacy of Registered births as sources of the denominator. The fall in coloured I M R since 1963 is revealed as being at a faster rate than the fall in the White I M R and in both cases the fall is closely correlated with the passage of time. The dangers of predicting the future by means of trend lines are well known, nevertheless Fig. 3.11 indicates that I M R for all races are due to reach equivalence in the near future.

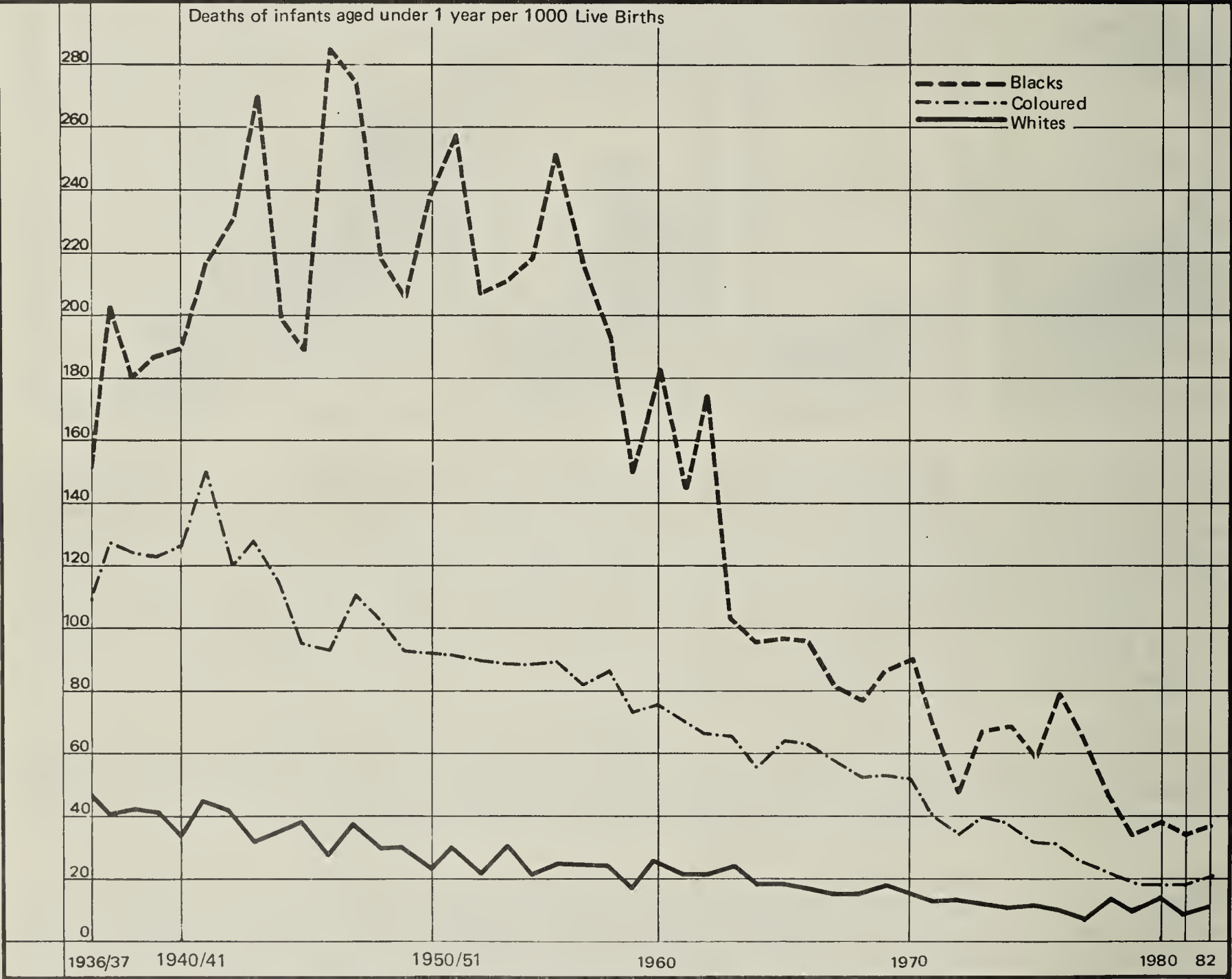
The Infant Mortality experienced in Cape Town is discussed below in relation to the age at death, the principal causes of death, the association with illegitimacy and the place of death.

Langa and Guguletu : Infant Mortality - This is a combination of neonatal and post-neonatal mortality and is universally accepted as a reliable indicator of the health status of a community. The 1982 Langa rate of 28,5 compares favourably with that of 27,4 for the previous year and with the Guguletu rate of 45,9 but unfavourably with the White rate of 11,69. The Guguletu rate also compares favourably with that of 41,2 for the previous year.

AGE AT DEATH
(see Table III.35 Page 111 and Figure 3.6)

The usefulness of distinguishing between death rates at different ages lies in the ability to pinpoint causes which can be avoided - those causes being likely to differ as the child ages and is exposed to different hazards.

Figure 3.11 INFANT MORTALITY RATES: 1936/37 TO 1982



NOTE: 1. Rates based on Registered Births until 1963 and from then based on Notified Births
2. Data collection changed from "mid year" to "calendar year" between 1955 and 1956

PERINATAL MORTALITY

This is usually regarded as an index of the quality and the use made of Ante-natal, Obstetric and Neonatal care services, as it embraces both stillbirths and deaths of infants under one week of age; when factors relating to ante-natal care and to the delivery and immediate post-partum period can be expected to have the most effect. (See Tables III.41 Page 116, III.42 Page 117). (Still births were discussed on page 20).

Perinatal Mortality in Whites fell (being 12,8 in 1981 and 9,3 in 1982); and in Blacks (being 32,2 in 1981 and 31,2 in 1982) but rose for Coloureds (21,4 to 22,8) and Asians (13,5 to 31,0)

Table III.42 Page 117 shows perinatal, neonatal and post-neonatal mortality over a five year period for Whites and other race groups.

Langa and Guguletu : Perinatal Mortality (PNM) - This was similar in both Langa and Guguletu but was about three times as high as that for Whites. (Table III.41 Page 117).

NEONATAL DEATHS

The neonatal period embraces the first 28 days of life and may be further subdivided into early (less than 7 days of life) and late (7-28 days) periods.

Early Neonatal Deaths

These are detailed on Table III.35 Page 111.

In whites the 16 early neonatal deaths accounted for 47% of all deaths under one year while for the other groups (Black/Coloured/Asian combined) the 229 deaths accounted for 45% of infant deaths.

As regards perinatal mortality early neonatal deaths in Whites contributed 59,3% in 1982 and 43,2% in 1981 while stillbirths contributed 40,7% in 1982 and 56,8% in 1981; in other race groups early neonatal deaths contributed 44,4% in 1982 and 41,1% in 1981 and stillbirths 55,6% in 1982 and 58,9% in 1981 of the total perinatal mortality.

Late Neonatal Deaths (See Table III.35 Page 111)

These numbered only 4 for Whites and 50 for other race groups, i.e. 20% and 17,9% of White and other infant deaths respectively.

Neonatal Deaths - combining the above.
(See Figure 3.10 and Tables III.35 Page 111 and III.41 Page 117)

There was a decrease in the White neonatal mortality from 21 deaths in 1981 to 20 deaths in 1982 corresponding to a decrease in the neonatal mortality rate from 7,3 to 6,9. The number of Black deaths (71) decreased by 7 and the neonatal mortality rate from 17,9 to 15,6 from 1981 to 1982. Asian deaths (5) increased and the rates increased from 13,6 to 38,8 while Coloured deaths rose from 161 to 203 and the rates from 11,1 to 11,8.

Langa and Guguletu : Neonatal Mortality - The position of Langa and Guguletu Blacks vis-a-vis one another and the Whites show a similar picture to Perinatal Mortality (see Table III.41 Page 117).

POST-NEONATAL DEATHS (From one month but under one year of age). (See Table III.35 Page 111 and Figure 3.10).

Ideally, health services and socio-economic conditions should be such that mortality in this period is minimal. The hazards of delivery and the postpartum period are past, the waning of maternal immunological protection should be paralleled by a programme of active artificial immunisation and in general only "unavoidable" causes of death should operate. This situation is approached for the White group where in 1982 there were only 14 such deaths (a rate of 4,8 per 1 000 live births). The Coloured infants, however, suffered 131 deaths (compared with 112 in 1981) with a rate of 8,2 in 1982 compared with 7,7 in 1981. The Black group experienced 98 deaths (compared with 73 in 1981 - with an increase in the death rate from 17 in 1981 to 22 in 1982. The causes of Black and Coloured deaths are discussed below but probably two thirds of them were 'avoidable' (see Table III.35 Page 111).

DEATHS BY SEASON

The same problems with data collection discussed on page 21 apply.

PRINCIPAL CAUSES OF INFANT MORTALITY
(see Tables III.35 Page 111, III.38 Page 114, and Figures 3.12, 3.13 and 3.14).

Figure 3.12 PRINCIPAL CAUSES OF INFANT MORTALITY IN WHITES : 1982

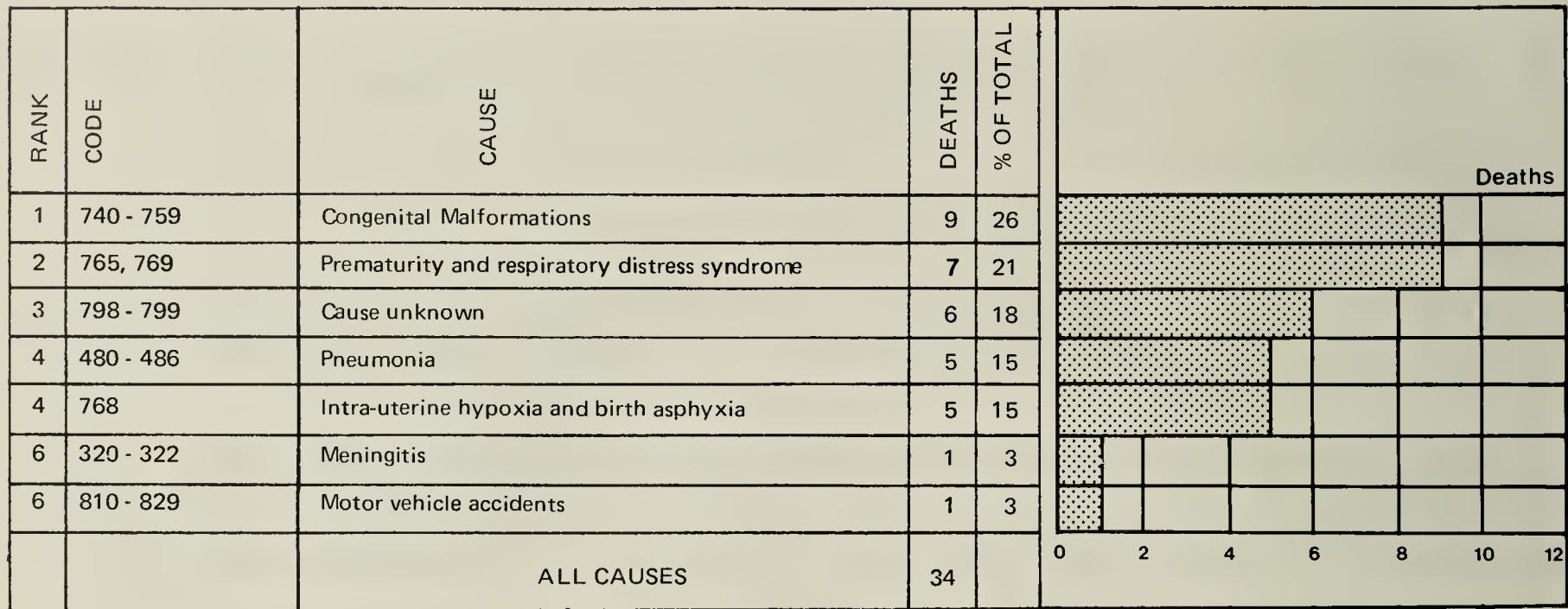
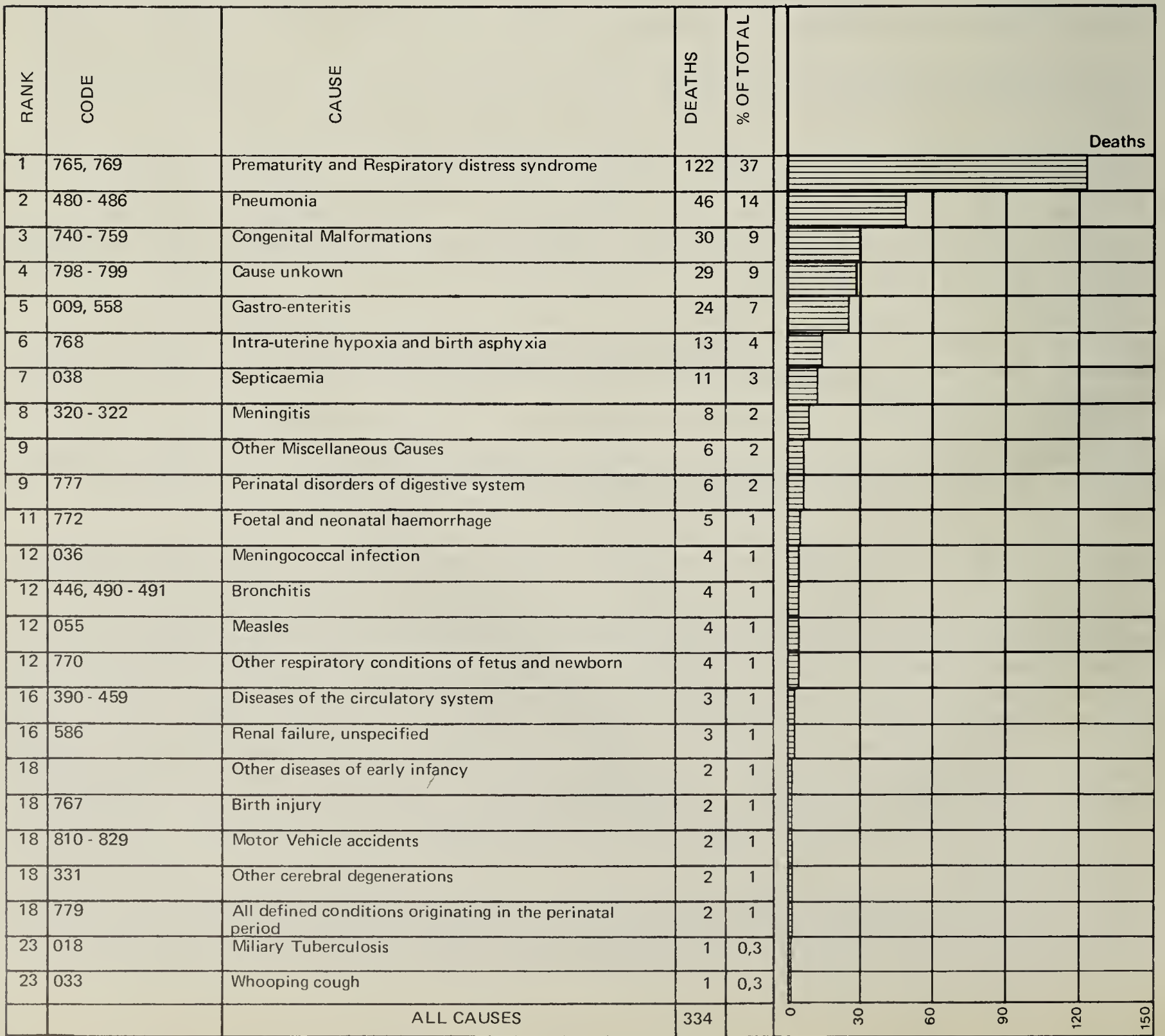


Figure 3.13 PRINCIPAL CAUSES OF INFANT MORTALITY IN COLOURED : 1982



INFANT MORTALITY IN GENERAL

From Table III.35 Page 111 which lists 21 diseases or groups of diseases it can be seen, as in Figure 3.12, that in Whites the major single problems are congenital anomalies, prematurity, others and ill-defined as unknown causes, other disease of early infancy and pnemonia.

Figure 3.14 PRINCIPAL CAUSES OF INFANT MORTALITY IN BLACKS : 1982

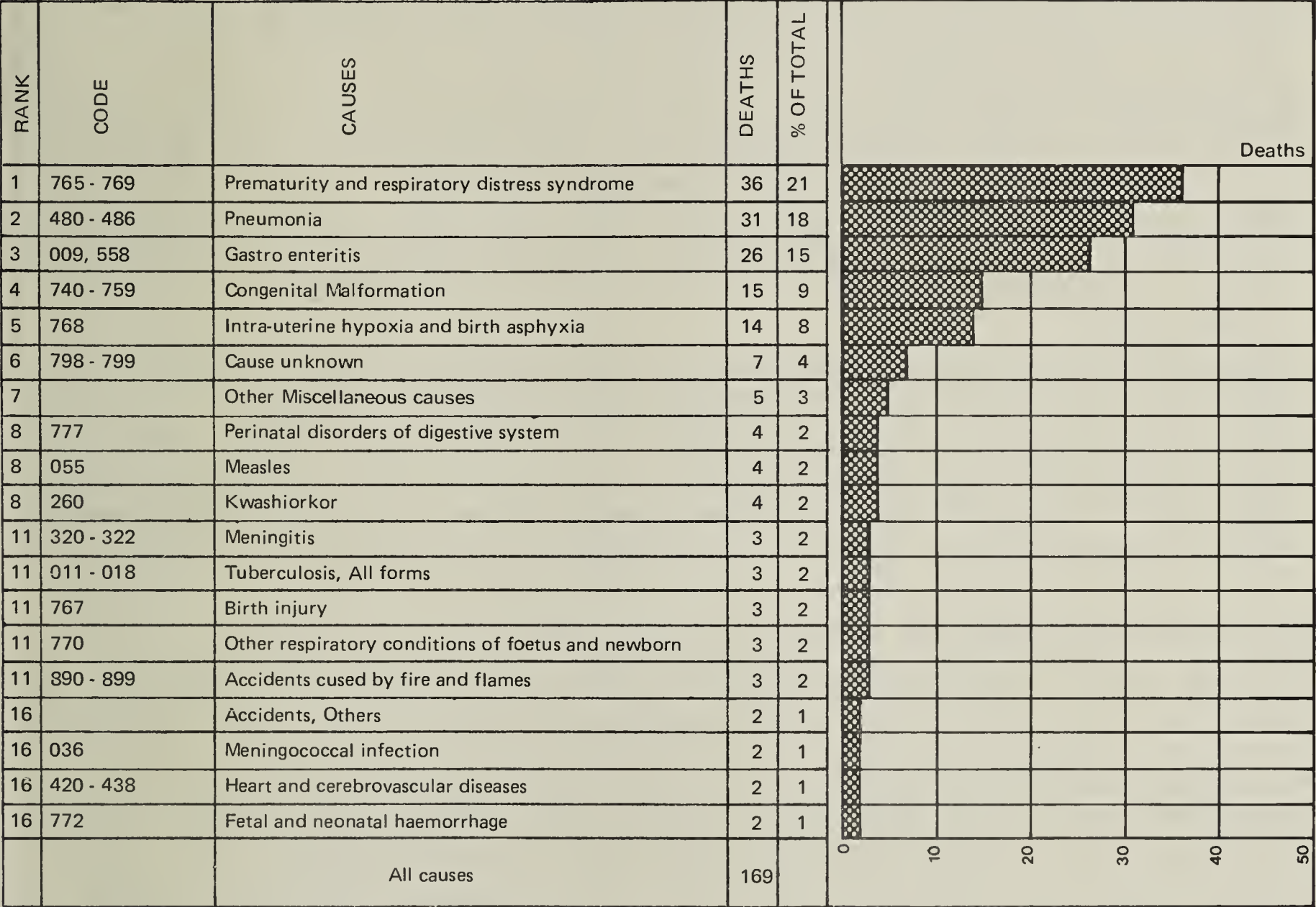
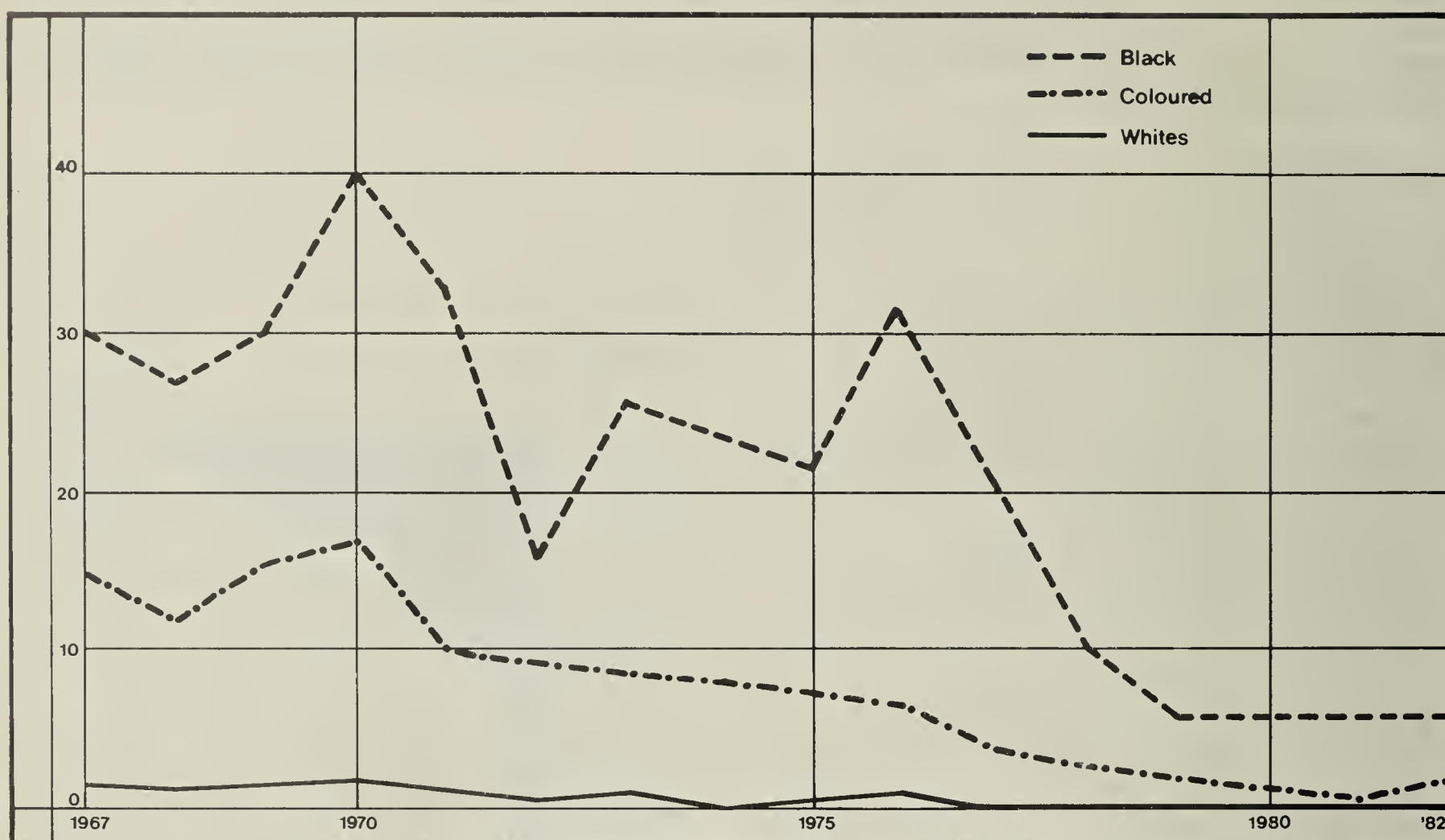


Figure 3.13 shows that in the Coloured group the major single problems are prematurity, pneumonia, congenital anomalies, cause unknown and gastro-enteritis. Figure 3.14 shows that in the black group the major single problems are prematurity, pnemonia, gastro-enteritis, and congenital malformations. Figure 3.15 illustrates trends in gastro-enteritis mortality. Table III.37 Page 113 indicates trends over a decade. It is of great importance that gastro-enteritis has been dislodged from its rank as the No. 1 killer in Blacks as had already happened in Coloureds. This is a success story which reflects the value of a continued promotive preventive and environmental approach to such health problems.

Langa and Guguletu : Causes of Infant Mortality (i.e. deaths under the age of one year) are detailed in Table III.43 Page 118: Guguletu showed higher infant mortality rates due to nutritional maladjustment; septicaemia; tuberculosis; gastro enteritis; measles; pneumonia; premature birth; cause unknown and accidents than Langa. Langa had higher infant mortality rates due to congenital malformations; other new born diseases; meningitis; meningococcal infection and other causes.

It is pertinent now to examine causes of death in relation to the age at death so that efforts by the appropriate health services can be focussed thereon.

Figure 3.15 INFANT MORTALITY DUE TO GASTRO-ENTERITIS: CITY OF CAPE TOWN
1967 - 1982



Early Neonatal Mortality

In Whites the 16 early neonatal deaths were due to congenital anomalies (6), prematurity (5), and other diseases peculiar to early infancy (5). Preventive measures here need to be directed chiefly towards determining and avoiding the reasons for prematurity which should be a priority for those concerned with ante-natal care and deliveries. In the Coloured group (Table III.35 Page 111) the 165 early neonatal deaths were due to prematurity (96), other diseases of newborn (30), congenital malformations (15), other or ill-defined causes (10), pneumonia (5), haemolytic diseases of the new born (4), septicaemia (3), meningitis (1), and diarrhoea and enteritis (1). In the Black group, as on Table III.35 Page 111, the 60 early neonatal deaths were due to prematurity (27), other diseases peculiar to early infancy (19), congenital malformations (7), injury at birth (3), other or ill-defined causes (2), pneumonia (1) and haemolytic diseases of new born (1). Here again, the clear priority for health services concerned with ante-natal and delivery services must be to prevent prematurity. In these race groups there is also, however, a much wider spectrum of pathology involved. It is noteworthy how unimportant is gastro-enteritis at this period of the child's life - almost certainly because of breast feeding, or at least bottle - feeding under institutional supervision.

Late Neonatal Mortality

In Whites the 4 deaths were due to pneumonia (2), congenital anomalies (1), and prematurity (1). In the Coloured group, as on Table III.35 Page 111, the 38 late neonatal deaths were due to prematurity (9), other diseases of early infancy (7), other or ill-defined (7)*, congenital anomalies (4), septicaemia (3)* meningitis (3)*, pneumonia (2)*, injury at birth (2), and haemolytic diseases of new born (1)*. Here the health services usually caring for the infant upon its return to the home can hope to prevent only a proportion of those 16 deaths marked*, the ante-natal and delivery services still needing to prevent the remainder at an earlier stage. In the Black group as on Table III.35 Page 111 the 11 late neonatal deaths were due to prematurity (6), other diseases peculiar to early infancy (3), congenital anomalies (1), diarrhoea and enteritis (1).

Post-neonatal Deaths

In whites the 14 deaths were due to 'other or ill-defined causes' (7), bronchitis and pneumonia (3), congenital malformation (2), prematurity (1), and meningitis (1). Data collation needs to be more precise but it would appear that preventive services are good and the chances of improvement slight.

In Coloureds the 131 post-neonatal deaths were due to pneumonia (39,) 'other and ill-defined' causes (27), gastro-enteritis (23), congenital anomalies (11), septicaemia (5), prematurity (5), meningococcal infection (4), measles (4), bronchitis (4), meningitis (4), other infant diseases (3), tuberculosis (1), and whooping cough (1).

In Blacks the 98 post-neonatal deaths were due to pneumonia (30), gastro enteritis (25), 'other and ill-defined causes' (13), other infant diseases (8), congenital anomalies (7), measles (4), meningitis (3), tuberculosis (3), prematurity (2), meningococcal infection (2) and septicaemia (2). Community preventive health services should view gastro enteritis and pneumonia as a major problem to be investigated and overcome and to regard almost all post-neonatal deaths as preventable and thus as failures of health and social services.

Langa and Guguletu: Post-neonatal Mortality - the Guguletu rate was 31,03 compared to Langa's 11,7 and Cape Town Whites 4,8. This period of the child's life requires informed and responsible parental care, adequate nutrition and protection against infectious diseases. There is a need for continued expansion of child health services in both Langa and Guguletu. Gastro-enteritis and pneumonia are very important causes of death in this age group and are all preventable.

INFANT MORTALITY IN RELATION TO LEGITIMACY

It must be remembered that legitimacy rates are widely different for the different race groups and that associations between legitimacy and infant mortality or indeed race and infant mortality, are in many cases spurious as there are other socio-economic and environmental factors involved.

Table III.40 Page 116 gives infant mortality rate by race and legitimacy for 1981 and 1982 only for deaths of infants whose legitimacy was known (114 infant deaths where this could not be established are excluded from the table).

INFANT DEATHS AND PLACE OF DEATH

Table III.39 Page 115 details the number of deaths in each race group occurring in hospital or at home by neonatal and post-neonatal periods and by legitimacy, 89% of neonatal deaths took place in hospital while only 47% of post-neonatal deaths did so, probably indicating a failure of parents to utilise health services quickly enough. 89% of known legitimate neonatal deaths took place in hospital as did an almost equal percentage of 87% of such known illegitimate deaths (N.B. there were 66 neonatal deaths where legitimacy was unknown). Somewhat surprisingly, whereas 44% of legitimate post-neonatal deaths took place in hospital, the illegitimate figure was 45,3%. Where legitimacy was not known 89% of neonatal deaths occurred in hospital and 58% of post-neonatal deaths did so.

MATERNAL MORTALITY

(see Table III.44 Page 118)

There was 1 maternal death in 1982, being ascribed to childbirth. (see Table III.45 Page 119).

VITAL STATISTICS COMPARED WITH OTHER CENTRES

Table III.46 Page 110 details such comparisons for a number of centres.

IV ENVIRONMENTAL HEALTH

GENERAL

AIR POLLUTION

WATER SUPPLIES

MILK CONTROL

FOOD CONTROL

- (a) MEAT CONTROL - ABATTOIR
- (b) WHOLESALE MARKET
- (c) FOOD HYGIENE SECTION
- (d) FOOD CONDEMNATION
- (e) FOOD RETAIL OUTLETS
- (f) FOOD POISONING INCIDENTS

CONTROL OF TRADING

HOUSING

SEWERAGE

SURFACE SANITATION

PEST CONTROL

GENERAL

Control over the quality of the environment has always been a major function of local authorities.

The staff establishment of this Branch for 1982 was 68 inspectors made up of 3 Administrative Inspectors, 8 Principal Health Inspectors, 20 Senior Health Inspectors and 37 Health Inspectors.

Leading from the success of the Department's re-organised promotive and preventive clinic services, an Environmental Health planning committee consisting of Medical Administrative staff, officials of the Environmental Branch and heads of other associated sections under the chairmanship of the Medical Officer of Health was established in 1981. Meetings continued to be held monthly during 1982 to receive reports, examine critically the functions and duties of the environmental services, and to plan, coordinate, and direct activities to maximum efficiency.

With the increased responsibility of the Branch in terms of the Foodstuffs, Cosmetics and Disinfectants Act and as part of the reorganisation of the Branch, a Food Hygiene Section was established in September 1979 under the control of the Assistant Medical Officer of Health.

Following from the reorganisation, a work group on Environmental Health Data collection was established with its objective to update procedures of data collection in order to provide for the production of more useful and meaningful parameters of the Environmental Health Services. The new system came into effect as from 1981.

ENVIRONMENTAL HEALTH BRANCH

The inspections and other work carried out on district by health inspectors of this Branch during 1982 are tabulated in Table IV.1 Page 122, the total number of notices served in 1982 being 3 023.

The Inspectors' functions and duties are reflected in the implementation of the following legislation:

1. The Health Act with particular reference to the control of communicable diseases, maintaining hygienic conditions, preventing nuisances and monitoring water supplies through regular sampling.
2. The Foodstuffs, Cosmetics and Disinfectants Act with regard to monitoring food additives, foreign substances, microbiological standards, labelling, adulteration of compositional standards, preservatives and antioxidants, pesticide residues and false or misleading advertisements. Food samples are taken regularly to ensure compliance with the provisions of this legislation.
3. Hazardous Substances Act. Although the implementation of the provisions of this Act has not been delegated to the City Council, the Environmental Branch monitors the method of storage, sale and disposal of hazardous substances. An extensive survey of premises handling hazardous substances has been carried out and valuable data obtained.
4. The Housing Act with reference to reporting on applications to demolish or convert residential premises.
5. The Slums Act with reference to inspection of residential accommodation to ensure minimum standards and for the purpose of slum declarations.
6. Licences Ordinance 17 of 1981 regarding the inspection and reporting on commercial premises for the purpose of licensing. Being a large city with numerous commercial and Industrial undertakings, the application of requirements in respect of the individual type of business puts a heavy workload on the Inspectors.

7. Food bylaws and Regulations with regard to hygienic food handling and minimum standards to which food premises shall comply.

8. Bylaws and Regulations relating to hygiene and structural standards of:-

Accommodation Establishments
Barbers and hairdressers
Bakeries
Butchers and Fish Shops
Butcher Vehicles
Cafe Keepers and Restaurants
Dairies and the sale of Ice Cream
Laundries and Dry Cleaners
Places of Entertainment
Vending Machines
Hawkers
Mattress Makers and Upholsterers
Offensive Trades

9. Regulations relating to the destruction of unsound foodstuffs.

10. Bylaws relating to the keeping of animals.

11. Bylaws relating to the suppression of nuisances.

12. Bylaws relating to the erection of tents (including caravans and similar structures).

13. Bylaws relating to the sale of unclean and verminous goods.

14. Regulations relating to the Rodentproofing of buildings and the extermination of rodents.

15. Regulations relating to the control of Communicable diseases such as isolation of contacts and carriers and excluding patients and contacts from school.

16. Bylaws relating to conditions likely to provide shelter for vagrants.

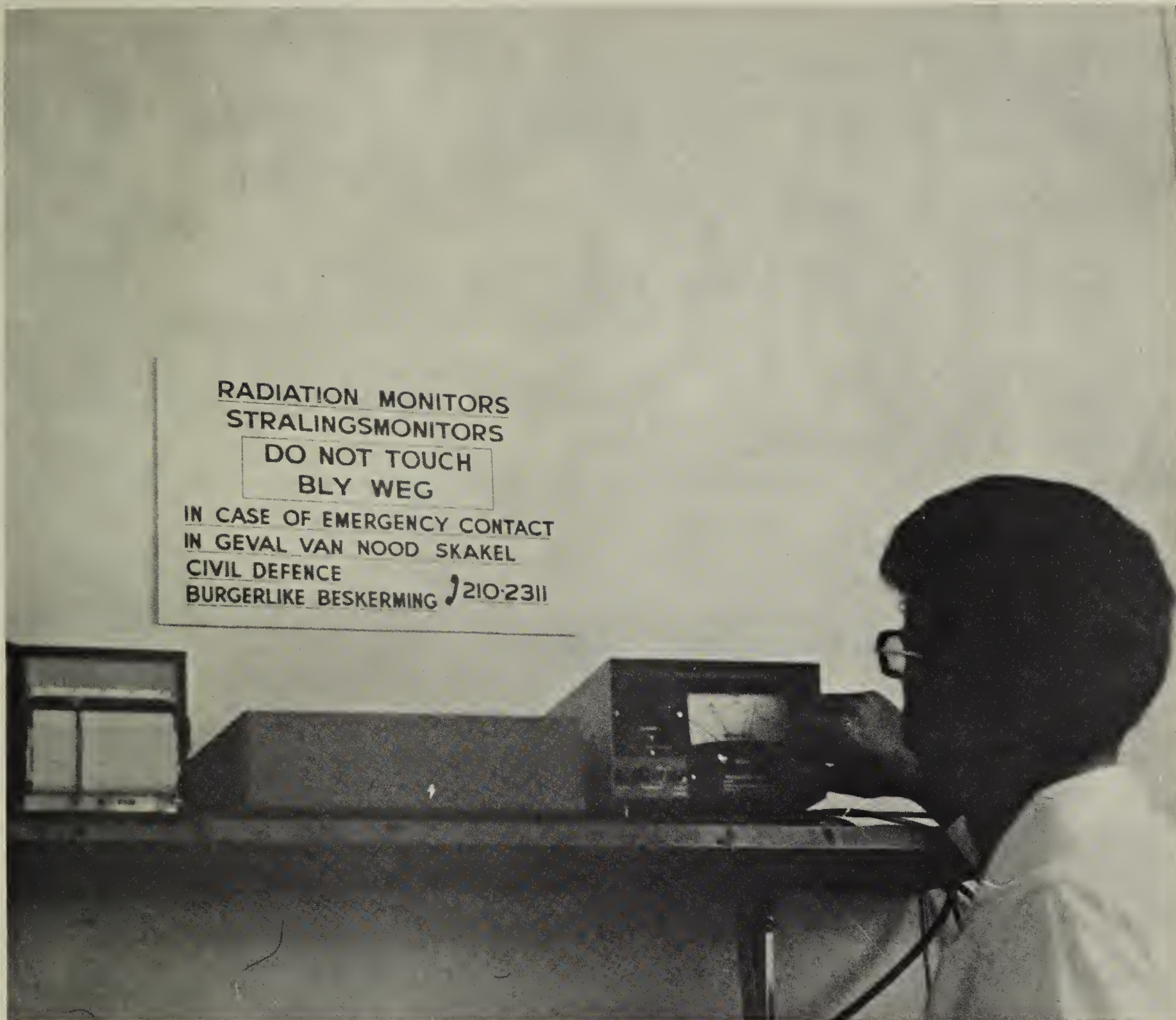
17. Bylaws relating to building construction and drainage with particular reference to plans examined by the district Inspector and inspections carried out of buildings under construction.

18. Other statutory provisions which do not fall under the jurisdiction of the Council but which require liaison between the Branch and official bodies.

A working sub-committee of inspectors from this Branch, under the guidance of Mr S O'Brien of the City Administrator's Department is at present revising the by-laws as listed above with a view to updating data and requirements. Eventually this will be submitted to Council for approval.

The Branch is also involved with monitoring functions related to environmental health which are carried out by other Departments of Council, such as solid waste disposal, sewerage disposal, municipal housing, provision of public amenities e.g. beaches, swimming pools etc and also the supervision of public sanitary conveniences.

The branch has also identified "environmental problem areas" which for various reasons, socio economic and otherwise, require almost daily attention with the objective of improving and eliminating such problems. During 1982 (22 out of a total of 186 such areas were completely eliminated). Progress is monitored at the monthly Planning meetings.



MONITORING KOEBERG INDEPENDENTLY

Air Pollution Control, Milk Control, Plans Scrutiny, Pest Control and Food Hygiene at Factory premises are entrusted to specialised Health Department staff. The Abattoir is under the control of the Town Clerk and the Director of the Abattoir. Drainage, Sewerage and Refuse Removal are functions of the City Engineers Department. Housing falls under the Town Clerk.

All these aspects of environmental health are discussed with the following sections and while every effort is made to health educate the public and to persuade offenders to rectify matters it is sometimes necessary to resort to legal proceedings, a record of which is summarised in Table IV.2 Page 125.

AIR POLLUTION

The Air Pollution Control Section administers Parts III and V of the Atmospheric Pollution Prevention Act No 45 of 1965, as amended, on behalf of the Medical Officer of Health to whom responsibility has been delegated by the City Council.

Part III deals with pollution by the products of combustion from industrial, commercial and domestic premises. Part V covers pollution from motor vehicles.

Irrespective of whether legislation exists or not the Medical Officer of Health is held responsible, in the eyes of the public, for anything in the atmosphere that should not be there.

VISIBLE POLLUTION

Slight smog occurred on the Foreshore on thirty days of the year compared with fifty in 1980 and fifty-one in 1981. On three days the smog was moderate, one of which was caused by a severe mountain fire in March.

The last coal-burning locomotive performed its last journey on the 10 January, 1982. Since that date there has been no severe black smogs.

The S.A.T.S. (ex S.A.R. & H.) central incineration plant was commissioned during the year. Teething problems are occurring from time to time with the plant but generally the emissions are much better than those from the two old incinerators and the open-fire burning on Back beach.

COMPLAINTS

Details of complaints handled are given in Table IV.5 Page 127.

Of the one hundred and sixty-six complaints received, sixty-nine were of smoke, thirty-nine of burning of waste material or garden fires and fifty-eight were of other emissions such as sawdust, sandblasting, odours, dust or spray painting, etc.

GENERAL WORK DONE

A break-down of work is given in Tables IV.3, 4 and 5 Pages 125-127.

Ninety-three certificates of approval were issued for a variety of installations, conversions, resiting of appliances, or the replacement of chimneys.

The trend to convert or install new appliances to burn fuels other than expensive oil has continued.

Seven new steam boilers using coal as fuel were approved and installed. These boilers are capable of meeting the requirements of the legislation but in some cases inexperience on the part of operators has resulted in excessive smoke on occasions. The supplier of these boilers now has a school where individual companies may send their operators to be taught the correct methods of operation to both avoid fuel wastage and smoke emission.

Twenty-one sets of plans were scrutinised and fifty-one licence applications were checked.

Seventy-three notices of various types were issued.

No cases in terms of Part III of the Act were referred to the public prosecutor.

FUTURE TRENDS

The Cape Town Metropolitan Air Pollution Control Committee, formed in 1981 had, as it's main objectives in 1982 to:-

1. Update instrumentation in the city area to determine the present situation as regards photo-chemical smog;
2. provide instrumentation, similar to that in the city, to establish the extent and magnitude of pollution in the surrounding areas; and
3. combine the above with epidemiological studies of the area including Edgemoor, Bothasig, Table View, Pinelands and the city.

That these projects will be started in 1983 is largely due to this committee.

VEHICLE POLLUTION CONTROL

The only regulation promulgated under the Act thus far is that governing the control of smoke from diesel vehicles. It has been said for several years now that new legislation was imminent but thus far is not forthcoming although we were given the opportunity to comment on some proposals.

The following statistics were obtained from the road-side testing procedure laid down in the regulation:-

Number of vehicles tested	671
Warnings issued	38
Notices issued	77
% Failure (over 60)	17,1
Vehicles submitted for re-test	131
Notices issued for failing a re-test	50
Notices issued for failure to submit for re-test	35
Notices of intention to prosecute	5
Prosecutions	None

The percentage failure rate of 17,1 is roughly the same as last year and it could be said that the improvement from 25,9% in 1980 has been maintained. That fewer notices of intention to prosecute were issued and no prosecutions were instituted signifies, we hope, that vehicle owners accept that we are serious in our attempts to control smoke from diesel engines.

STAFF

Now that there are five pollution control inspectors it has been possible to divide the municipal area and make each inspector responsible for an area. This has been a further improvement in control of premises.

Lectures were given to:-

Fourth-year medical students,
 Intern medical students,
 learner health inspectors.
 nurses at Groote Schuur Hospital,
 learner public health nurses from Stellenbosch University,
 M. Med doctors.

SMOKELESS ZONES

The eight Smoke Control Zone orders cover the area from Settlers Way through the City to Bakoven and no great problems were experienced.

MEASUREMENT

The Scientific Services Branch of the City Engineer's Department continues to maintain the seven SO₂ bubbler network, six deposit gauges, two continuous smoke recorders, two continuous SO₂ monitors and one total oxidants recorder on behalf of this department.

As can be seen from the graphs of the annual averages for Soiling Index and Sulphur Dioxide the general trend is still downwards and as was anticipated a further fall took place.

The freak readings which occurred over the area in March and April, 1981 for Sulphur Dioxide and which were considered to be caused by technical error have not been repeated. For calculation of the trend line the higher of the two values recorded for 1981 has thus been ignored.

Tables (Tables IV.6 to IV.11) Pages 128-130 of the summary of results for 1982 are included to show daily, hourly and the frequency figures for Nitrogen Dioxide, Total Oxidants (as ozone), Sulphur Dioxide, Soiling Index and Lead from the six continuous recorders.

The table below shows the frequency of high level readings of SO₂.

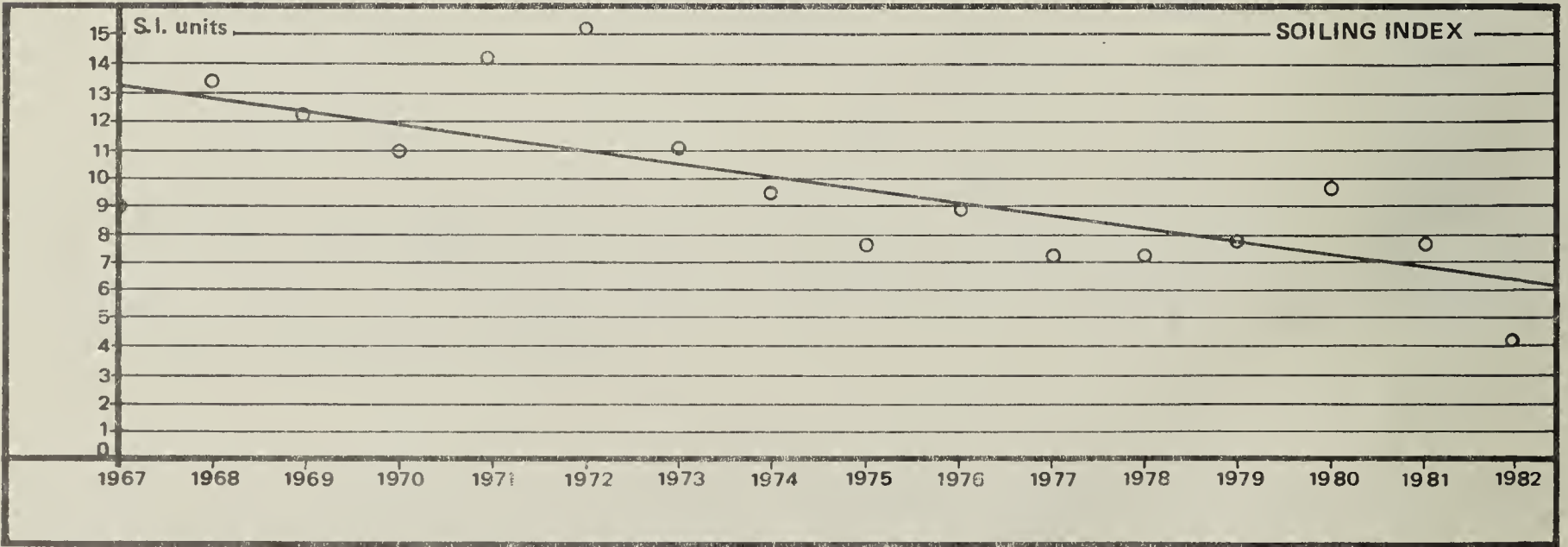
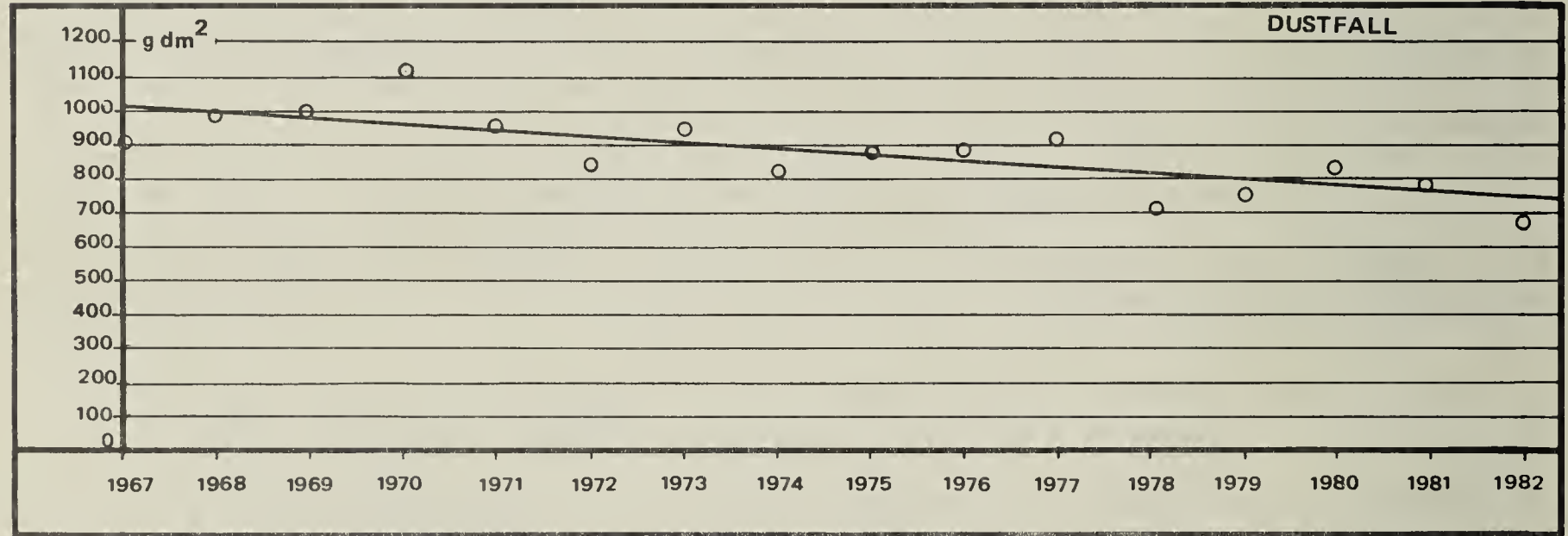
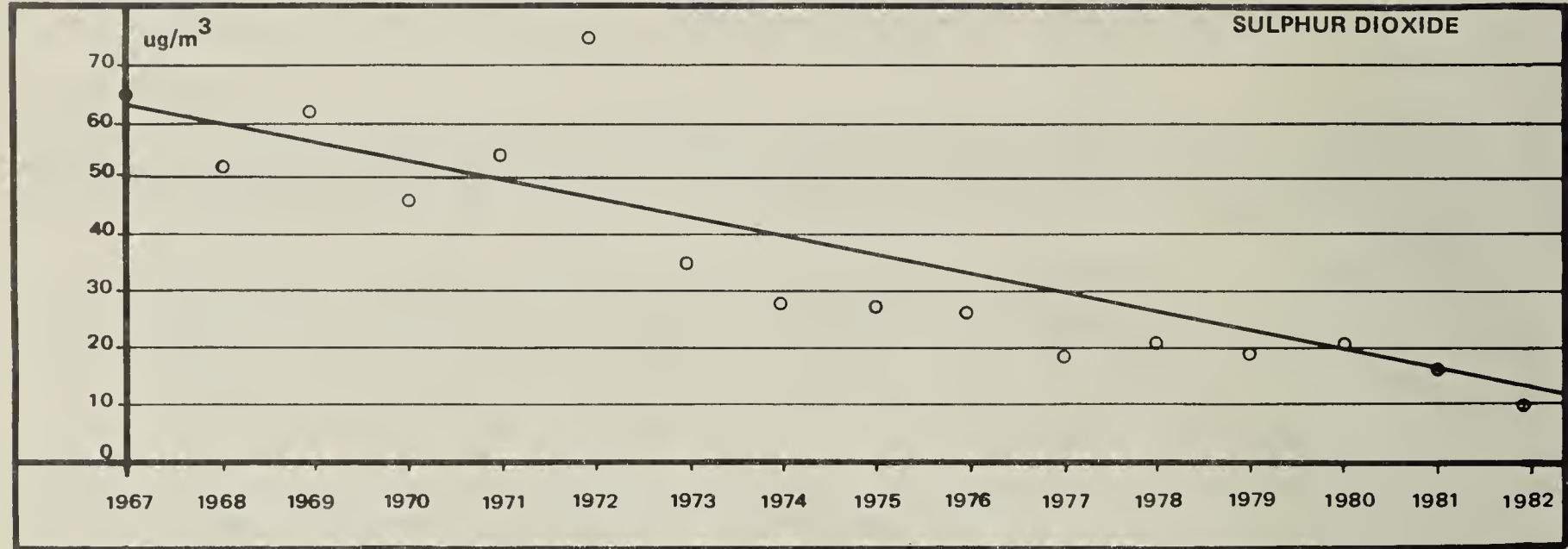
TOTAL NUMBER OF PEAK READINGS FOR TWO AND THREE-DAY AVERAGES FOR SULPHUR DIOXIDE IN MICROGRAMMES PER CUBIC METRE

SO ₂ ug/m	100-150	150-200	200-250	250-300	300-350	Over 350
1970	65	14	4			
1971	65	15	3	2		
1972	103	62	21	1	1	
1973	48	14		3	2	2
1974	25	3				
1975	4					
1976	10	1				
1977	1					
1978	2					
1979	2					
1980	1					
1981	6					
1982	NIL					

KOEBERG NUCLEAR POWER STATION

In order to allay the fears of the general public about radiation from the first nuclear power station in South Africa a proposal was put to Council to monitor the radiation in the municipal area.

Figure 4.1 ANNUAL AVERAGE VALUES SO₂ BUBBLERS AT SEVEN MEASURING STATIONS



Accordingly a system of monitoring was approved by Council and was installed in March 1982. Six monitors in an arc across the boundary of the municipal area now monitor the existing background radiation. The levels are remarkably steady at each site though there is small variation from site to site. These are between 12 and 20 microrads per hour. Any variation in these readings after the commissioning of Koeberg Nuclear Power Station will be immediately obvious.

In addition, a system of alarms has been installed such that if high or low radiation is monitored, the Civil Defence Control Centre, which is manned 24 hours a day, will know immediately and the necessary action will be initiated.

KOEBERG EMERGENCY PLAN

In October it was considered necessary by the Medical Officer of Health to object to the emergency plan revealed by the operating authority to the public on the basis that it was confined to a radius of 16 km from Koeberg. The highly complex meteorology of the area renders the likelihood of the radiation from a worst-possible accident at Koeberg being confined to a radius of 16 km as most unlikely and the City could be affected. The Atomic Energy Corporation sustained the Council's objection. A more comprehensive and demonstrable plan will hopefully ensue from this objection.

LANGA AND GUGULETU

No particular air pollution problems exist in these areas and only approximately 4 000 tons of solid fuel is burned annually.

A survey done during 1982 confirmed that cooking and heating habits have not changed in the last decade. Coal is very expensive to buy in small quantities which is the manner in which these communities would buy it.

WATER SUPPLIES

The following are the main sources of supply: Voelvlei Dam (164 095 megalitres) Wemmershoek Dam (58 633 megalitres), Steenbras Dam (68 488 megalitres), Theewaterskloof Dam (501 500 megalitres), 5 Reservoirs on Table Mountain (2 375 megalitres).

During 1982 the daily consumption varied between a maximum of 773 megalitres during the summer and a minimum 215 megalitres during the winter. The average daily consumption during the year was 462 megalitres.

Samples of water are taken fortnightly at thirty-two different test points within the water reticulation system of the municipal area. These samples are submitted to the State Pathological Laboratory for bacteriological report, and serve as a double check on the sampling carried out by the Scientific Service Branch of the City Engineer's Department.

Seventeen other dependant local authorities obtain their supplies of water from the Cape Town undertaking.

CAPE FLATS SEWERAGE PURIFICATION WORKS:

I concur with opinions expressed by some of the most eminent writers in the field of public health - "reclamation for potable purposes is not recommended, as sound drinking water requires that preference should be given to the purest source. Treatment and monitoring technology are not adequate to assure safety when waste waters are to be used directly for potable purposes"(1).

Langa and Guguletu: Purified piped water is supplied to both Langa and Guguletu by the Cape Town City Council.

1) Public Health & Preventive Medicine, Last, J.M. (Editor)
Maxcy Rosenau, New York, 11th Edition, 1980.

MILK CONTROL

MILK SUPPLIES AND RELATED PRODUCTS

RAW MILK SUPPLIES

The city's milk shed comprises Vredenberg, Piketburg, Tulbagh, Ceres, Hopefield, Bellville, Malmesbury, Paarl, Stellenbosch, Wynberg, Cape, Worcester, Caledon, Hermanus and Somerset West magisterial areas. A total of 195 producers were registered with the Council. They employed the following systems of milking:

	% 1982	% 1981	% 1980	% 1979	% 1978	% 1977	% 1976	% 1975	% 1974	% 1973
Hand Milking	6	6	7	8	10	11	18	20	29	38
"Round the Line"										
and bucket milking	20	30	29	31	32	36	35	35	34	29
Parlours	74	64	64	61	58	53	47	45	37	33

It is a pre-requisite of the Medical Officer of Health that all producers supplying milk to Cape Town for fresh milk consumption make use of a refrigerated bulk tank. The raw milk is collected by insulated road tankers on a daily or alternate day basis and delivered to the pasteurising plants. Throughout the year 23 - 25 such tankers delivered 330 000 litres to the two pasteurising plants daily with an average load of 10 000 litres.

TESTING MILK PRODUCTS

INSPECTION AND LABORATORY CONTROL

RAW MILK

Milk samples are taken regularly by the dairy inspectors on the farms, and the following work was carried out during the year :

Total number of dairy farm inspections	2 300
Number of farms where major structural improvements were carried out	21

Investigations on farms in connection with:-

Unsatisfactory bacteriological quality of milk	136
Incidence of mastitis	142
Recording of temperatures of mechanically cooled milk	42
Incidence of inhibitory substances	19
Number of samples brought to the laboratory for analysis	1 914

The test method used for inhibitory substances is the modified IDF Disc Test using *B. stearothermophilus* Var. *calidolactis* as the test organism.

The following tests were carried out:

Plate Count	1 142
Resazurin	1 914
Eijkmann Test	1 914
Laboratory pasteurisation	1 913
Mastitis cell counts (DMC)	1 914
Inhibitory substances	1 848
<i>Staphylococcus aureus</i> 0,1 ml	1 914
<i>Salmonella/Shigella</i>	1 816

To test the efficacy of road tanker cleansing operations, tanker swabs and rinsing water samples were taken from time to time, and remedial action taken where necessary.

PASTEURISED MILK

Raw milk is delivered to two pasteurising plants licenced to process milk and cream and various milk products. Samples were obtained every week day and the following tests were carried out:

	Pasteurised Milk	Milk Products etc.
Plate Count	1 289	1 455
Eijkmann Test	1 289	2 728
Presumptive Coliform	1 289	2 690
Phosphatase Test	1 357	233
Staphylococcus aureus		98

These tests included soft serve samples from 68 retail outlets. The milk products include ice cream, skim milk for school feeding schemes, flavoured skim milk, pasteurised cream, artificial cream, yoghurt, cultured butter milk, and both soft and hard cheeses.

ANIMAL DISEASES

All producers are members of the State Controlled Tuberculosis Accreditation Scheme and the eradication of brucellosis is progressing. It is hoped that by 1985 the entire milk shed will be free.

Mastitis - Somatic cell counting of bulk herd samples gave the following results:

Cell count range X 10 ³	%
0 - 249	9
250 - 499	31
500 - 749	22
750 - 999	13
1 000 and over	25

13,8% of the samples analysed showed streptococcal mastitis infection.

VI TESTS

In an efforts to detect symptom-free carriers of Salmonella typhi associated with sporadic cases of typhoid fever, blood specimens of the workers in the dairy and ice-cream trades are submitted to the Government Laboratory for the Vi Agglutination Reaction test. During 1982, a total of 430 such tests were obtained from the latter and examined for the presence of Salmonella typhi. Seventeen were found to be positive. These workers were removed from food handling and stool and urine samples taken on three successive weeks. All were found to be negative.

In addition to the blood specimens of workers, Moore's swabs were regularly taken from the drains at the two pasteurising plants and examined for the presence of S. typhi; with negative results in 1982.

GENERAL

The Senior Health Inspector seconded to the Meat Control section of this Branch was responsible for the various soft serve outlets in the City.

He made 807 visits to the 61 outlets from which 314 samples were taken for analysis by this laboratory.

MEAT PROCESSING AND ALLIED INDUSTRIES

The above officer has twenty-one factories and plants under his control, one of which is a poultry abattoir which is licenced and inspected by the Department of Agriculture and Sea Fisheries. Ten of these plants are producers of processed meat products. These were visited regularly during the year and swabs, specimens and agar impressions were taken routinely.

Number of visits to factories -	452
Number of swabs and specimens taken -	537
Number of agar impressions -	2 400

The latter were taken to monitor the cleanliness of production, and the analysis of swabs and specimens was done by the State Health Laboratory in Orange Street, with special emphasis laid on detection of pathogens, especially those capable of causing food poisoning.

Where a problem was encountered, follow up action was taken, which involved the remedy of the problem and where necessary, Health Education lectures.

FOOD CONTROL

(a) MEAT CONTROL - ABATTOIR

The Municipal Abattoir, situated in Maitland, is a branch of the City Administration Department. The Director and Assistant Director are veterinarians. There are three additional posts for veterinary officers who have to carry out the duties of veterinary meat inspectors and other veterinary duties. Posts exist for thirty-two health inspectors who are employed on meat inspection and other hygiene duties. A qualified microbiologist working in a well equipped laboratory is responsible for the checking of hygienic control of slaughter procedures and equipment as well as diagnostic work.

At present the maximum daily slaughter throughput is 850 cattle, 150 calves, 5 000 sheep and goats and 750 pigs. In addition some horses are killed. With the exception of pigs and horses all slaughter stock are killed and dressed on mechanical conveyor systems. During 1982 the following animals were slaughtered (figures in parenthesis are for 1981).

Cattle	189 305	(181 325)
Calves	18 716	(17 629)
Sheep and goats	1 256 017	(1 153 849)
Pigs	178 052	(172 317)
Horses, mules and donkeys	584	(608)

(b) WHOLESALE MARKET

The wholesale and early morning market at Epping was designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc., have also been built, and each one of these sections has been designed for extension when the need arises. A fulltime health inspector from the City Health Department is responsible for the checking and control of all foodstuffs passing through this market. The following foodstuffs were condemned as unfit for human consumption by the market health inspector during the year:

FRUIT	WEIGHT (kg)	VEGETABLES	WEIGHT (kg)
Pome	8 246	Bulbs	58 649
Drupe	26 048	Flowers	89 338
Citrus	188 933	Leaves and stems	510 123
Vine	4 569	Roots	138 535
Miscellaneous	5 391	Seed fruits	486 896
		Tubers	119 912
		Other foodstuffs	3 214

Fifty-one random samples of fruit and vegetables were submitted to the State Chemical Laboratory for examination re possible contamination, by pesticides and fungicides in excess of the amount permitted. No samples were found to have pesticides residue in excess of permissible amounts.

(c) FOOD HYGIENE SECTION (established 1979)

The Food Hygiene Section continues to prove a worthwhile innovation.

The staff consists of the Assistant Chief Health Inspector (Food) and 4 Senior Health Inspectors, one of whom is seconded to the Senior Veterinary Officer for the purposes of inspecting meat manufacturing premises. The other three inspectors cover food manufacturing premises which includes bakeries, confectioneries and soft drink factories, but excludes those inspected by Milk Control, i.e. pasteurisation plants and ice cream factories.

Other duties include:-

- (i) The sampling of foodstuffs and other commodities in terms of the Foodstuffs, Cosmetics and Disinfectants Act 1972;
- (ii) The visiting of food factories and retail outlets for the purpose of sampling foodstuffs and taking swabs for bacteriological examinations;
- (iii) The processing of court cases concerned with the various duties of the health inspectors;
- (iv) Inspection of food delivery vehicles;
- (v) Regular sampling of reticulated municipal water supply.

The year has seen the closure of some food firms and the removal of others to different premises. This was necessitated by the premises being inadequate or unsuitable to cope with the expanding trade and therefore unable to meet the health standards required. In general there has been a marked improvement in the hygienic conditions prevailing at food factories and food establishments.

Government Notice R2121 dated 21 September 1979 authorised this local authority to enforce all the provisions of the Foodstuffs, Cosmetics and Disinfectants Act 1972.

This has involved the section to a greater extent and now not only is sampling done of foods, perishable and other, but the section also deals with the regulations regarding labelling and advertising, pesticidal residues, colourants, etc.

FOOD SAMPLING

In terms of Section 23 of the Foodstuffs, Cosmetics and Disinfectants Act 1972, this municipality is authorised to submit samples of foodstuffs, cosmetics and disinfectants to the State Chemical Laboratories for examination. 787 samples were taken to December 1982. 2,28% of the samples analysed did not comply with the regulations and fines totalling R705 were imposed. (Table IV.12 Page 131).

BACTERIOLOGICAL EXAMINATION (commenced 1978)

A close co-operation is enjoyed with State Health Laboratories. During the year 220 specimens of food and a similar number of swabs were submitted for bacteriological examination to the State Health Laboratory. The food specimens included such items as biltong, mince meat products, rabbit carcasses, chicken, samoosas, viennas and fish. Swabs taken from various surfaces in the food handling areas such as cutters, blades, utensils, etc., as well as swabs from the hands of food handlers, were examined bacteriologically for the major food poisoning organisms. Five specimens of food and five swabs are examined each week. The district health inspector is involved in selecting food shops where sampling is required and depending on results, in-shop education in hygienic food handling techniques is given. Bacteriological examination helps to pin point areas of high risk.

(d) FOOD RETAIL OUTLETS

The inspection of food retail outlets has remained the responsibility of the District Inspector covering his specific area. The main reason for the inspections are amendments re licence applications, complaints and routine visits.

Since the establishment of the Food Hygiene Section the District Inspector has had more time to carry out in-depth inspections of food retail outlets. To obtain uniformity of inspections, a comprehensive check list is used for each premises.

Some 4 945 applications for trading licences in respect of food outlets were dealt with by District Inspectors during the course of the year.
(Table IV.13 Page 132).

(e) CONDEMNATION OF FOODSTUFFS

Food which is unfit for human consumption is condemned in terms of government regulations (R963 of 1966-06-24 as amended by R2127 of 1974-11-22). It is sometimes possible to use this food as poisoned rodent bait or in the by-products plant at the abattoir.

Langa and Guguletu: There are many problems relating to the retailing of food in these areas (see Control of Trading below). While Milk and Meat are of assured quality upon leaving the pasteurising plants and the abattoir respectively, there are many hawkers of these goods whose standards of hygiene are inadequate. Outbreaks of infectious disease which are related to contamination of foodstuffs are always likely to occur as long as the retailing situation remains unsatisfactory.

(f) FOOD POISONING

During the year twelve cases of food poisoning involving 21 people were investigated by this section. These were all mild cases. The services of both the State Health Laboratory at Orange Street and the Chemical Laboratory at Portswood Road are used when necessary for the investigation of food poisoning incidents.

The section was involved during the year with the district health inspector in indepth investigations involving the following:-

- (i) John West Salmon - Reformed tins;
- (ii) Oysters;
- (iii) Mussels - Red Tide.

CONTROL OF TRADING

Reports on the suitability, from a public health point of view, of a wide range of

commercial undertakings are submitted by the Medical Officer of Health before these are registered, licensed or issued with certificates. Various Municipal Bylaws, Provincial Ordinances and Government Regulations govern these matters and control over these trades extends beyond the initial registration through routine visits, particularly to trades such as accommodation establishments, barbers and hairdressers, dealers in used goods, hiring services, laundries and dry cleaners, livery stables, offensive trades, health centres, creches and nursery schools, places of entertainment, recreation areas and the food retail outlets previously mentioned. The various applications dealt with during 1982 are detailed in Table IV.13 Page 132.

MUNICIPAL BY-LAWS

Annual licensing of traders transporting milk by tanker, slaughtering poultry and contracting to do electrical wiring is required under these By-laws. The Medical Officer of Health reports on these applications to the Amenities and Health Committee. These are reflected in Table IV.13 (Page 132).

LICENCES ORDINANCE NO. 17 OF 1981

This Ordinance controls the Registration and Licensing of Businesses in respect of 68 scheduled undertakings. Reports on these applications are submitted to the City Administrator by the Medical Officer of Health.

GOVERNMENT REGULATIONS

Control over various establishments which do not require a trading licence in terms of the Provincial Ordinance of 1981 is maintained through their being subject to the submission of suitability reports in terms of several Government Regulations. The following such establishments are registered with the Department.

Mattress Makers and Upholsterers:	48
Offensive Trades:	9
Old Age Homes:	33
Creches and other places of Child Care (including premises licensed in terms of the Provincial Ordinance):	125

In addition suitability reports are submitted to statutory bodies on premises which are also licensed in terms of the Provincial Ordinance of 1981 such as the Wheat Control Board, the Livestock and Meat Industries Control Board and the State Tender Board.

Langa and Guguletu: Much greater control over trading in these areas is required. Applications for trade in these areas are detailed in Table IV.14 Page 133. Despite the dumping of illegally brewed beer and confiscation of the drums by the authorities, this illegal practice continues as it has for many years past.

STABLE PREMISES

The Municipal By-laws, empower the Council to prohibit the use for the keeping of animals, of any stable, cowshed, pigsty, kraal, etc., which in its opinion is 'unfit', undesirable or objectionable by reason of its locality, construction or manner of use. The City Council may also restrict number or manner of use of those structures. The City Council may also restrict the number or kind of animal to be kept at any such premises.

Twenty-eight cases of unsuitable and unauthorised structures which were being used to stable animals, were ordered to be demolished and the animals removed. In eighteen cases the animals were removed and the structures demolished. In nine instances permission was granted by Council for the keeping of animals. One case is still receiving attention.

HOUSING

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-borne sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is today making little or no provision for the housing of the lower income groups (owing to high building costs) and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburbs for such development are the Sea Point, Three Anchor Bay, Green Point and the Kenilworth areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of the buildings and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be fairly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, which is itself the result of economic conditions. Houses suitable for one family and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other side of the local problem, viz, the occupation of unauthorised and insanitary structures (pondoks, shacks) on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has had ample powers to prohibit such building and occupation, but has not found itself prepared to eject the occupants from the only shelter available to them. Indeed, an organised squatters camp at Vrygrond has been developed by the Council with roads, an orderly layout, refuse removal, water supply and pail closet sewage removals. Crime in such areas remains a problem but the most basic sheltering aspects of housing are present.

It is gratifying to note that, as has been recommended by the Department for many years the Government has now adopted a policy of investigating low cost housing schemes of various types including site and service schemes. Here lies the hope for the future, providing careful planning is undertaken as to the needs and capabilities of people in different areas and circumstances.

The dwellings completed by the City Council in the year under review are detailed in Table IV.15 Page 133. After taking into account conversion, sale or demolition of dwellings 4 998 dwellings completed in 1982 bring the total of dwellings completed and under the control of the Housing Branch within the Cape Town Municipal area (excluding the Administration Board Peninsula Areas, dwellings used to accommodate caretakers or to house clinics etc.) to 43 980 (598 White and 43 382 Coloured).

In the area under the jurisdiction of the Peninsula Administration Board, Uluntu Utility Company under auspices of Urban Foundation have completed 15 new houses which are occupied and another 32 are under construction. These houses are leased to occupiers on a 60 year lease scheme.

Furthermore, provision has been made for the housing of university students in a block of new flats within this Mulinga Park complex.

More firms are showing interest in erecting dwellings for their permanent employees. At present two such dwellings have been erected and occupied.

The Director of Housing has furnished the information (see Table IV.15 Page 133) that, during 1982 seven houses (Assisted Housing) were built for Coloureds at Heideveld, 96 at Manenberg and 4 895 at Mitchells Plain. Neither White nor Coloured homeownership houses were built in 1982.

The application list for Coloured housing increased by 937 to 19 687 Coloured families, and includes 469 applications in respect of shack dwellings in the Municipal area. White applications increased by 201 to 563. Approximately 74,2% of all applicants qualify for economic housing. A total of 5 534 families from the waiting list were housed during the year - 4 075 in new dwellings and 1 459 in vacancies. In addition to this 154 families were resettled by the Department of Community Development. Of existing occupants, 718 families were transferred to new dwellings and 611 to vacancies.

THE HOUSING ACT (ACT NO. 4 OF 1966) as amended.

Before the demolition, or conversion to uses other than residential, of residential accommodation, permission must be obtained from either the Department of Community Development (in the case of "dwellings", which have not more than five living rooms) or the local authority (in the case of other premises in respect to proposed conversions). The Cape Town City Council has delegated its powers under the Act to the Medical Officer of Health who submits recommendations to the Department of Community Development in respect of dwellings and larger premises. Dwellings are covered by S.85(1) of the Act and recommendations concerning 154 such applications were submitted to the Department of Community Development in 1982 (see Table IV.16 Page 133). The conversion of other premises (with more than five living rooms) are covered by S.85(4) of the Act and 13 such applications were granted in 1982.

Langa and Guguletu: All housing in both townships is owned and under the full control of the Administration Board, Western Cape. Overcrowded conditions exist and additional housing is essential. It has already been found in both Langa and Guguletu that, where tenants can afford to do so, they have been permitted to alter their homes so as to improve their living conditions and standards. The Board is busy with a scheme to phase out bachelor quarters in Langa and encouraging married families who are legal residents of the Townships, to alter the former bachelor quarters into family housing units. This scheme is progressing well.

SEWERAGE

The City is sewered on the separate system method i.e. special separate collection systems for sewage and stormwater are used. However, in many areas illegal discharge of rainwater from yards and roofs into the sewerage system occur causing overload conditions at pumping stations and treatment installations.

The North Western area between Woodstock and Bakoven is fully sewered and discharges to sea via two marine outfalls (Camps Bay and Green Point) after maceration. At Camps Bay heavy chlorination is also applied. This new installation commissioned in April 1978 is operating well and sea water quality monitoring has indicated no pollution problem.

With the exception of outlying sparsely developed areas the greater part of the municipality is provided with water borne sewerage facilities.

Early warning devices have been installed at the various pump stations to expedite action when there is a breakdown at the stations.

Council on 1973-07-31 adopted the proposals by the Sewerage Branch of the City Engineer's Department for modernisation of the Council's Sewerage Treatment facilities. These proposals included a basic policy to separate, where economically viable, industrial and domestic sewage.

Expenditure of some R21 000 000 was planned and authorised to construct an entirely new 200 Ml/d treatment plant at the Cape Flats site south of Zeekoevlei, modernise and improve the Athlone works and divert various flows. Sewerage agreements with other local authorities allow sewage from Tygerhof, Sanddrift and Rugby to be treated at the Milnerton works and sewage from Pinelands, Goodwood, Parow, Epping Garden Village and Constantia to be treated at the Council's works.

Both the new Cape Flats Works and the second stage at Mitchells Plain were brought into commission. The latter works were urgently required to handle sewage from the rapidly developed Mitchells Plain area.

The City Engineer's Department is further investigating and testing the technology regarding reclamation of sewage effluent having currently two reclamation plants installed at Athlone and Cape Flats.

In line with modern public health theory, the Health Department's attitude to re-claimed sewerage is that in the case of Cape Town such water would be suitable for industrial, horticultural and agricultural use only.

Industrial effluent discharges from all Industrial sites are closely monitored and sites regularly inspected to ensure compliance with the by-laws.

SURFACE SANITATION

REFUSE REMOVAL

DOMESTIC REFUSE

The removal of domestic refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:-

EVERY WEEK DAY: Cape Town central business district: hotels, restaurants, boarding houses and certain flats and business premises in congested areas in all districts.

TWICE WEEKLY: Oranjezicht, Tamboerskloof, Brooklyn, Maitland, Kensington, Observatory, Mowbray, Rosebank, Rondebosch, Upper Newlands, Lower Newlands, Bishopscourt, Upper Claremont, Lower Claremont, Kenilworth, Wynberg, Plumstead, Retreat, Lakeside, Bergvliet, Athlone, Lansdowne, Ottery, Bonteheuwel, Manenberg, Hanover Park, Parkwood Estate, Sanddrift, Thornton, Camps Bay, Sea Point, Green Point, Woodstock and Salt River.

SUNDAYS: On Sundays a special payments removal is effected at hotels, restaurants and boarding houses.

DISPOSAL OF REFUSE

The district health inspectors came across many sites in the municipal area where indiscriminate dumping had been taking place. With the co-operation of the Chief Engineer (Solid Wastes) these sites have been reduced to ten in number so as to facilitate regular cleansing and control. These are monitored by the Health Department.

Industrial refuse disposal continued at Vissershok and domestic waste was disposed of at Strandfontein and via the Athlone Pulverising Plant at the Swartklip Disposal Site. A new pulverising plant is under construction at Swartklip and will come into operation next year. During the year the quantity of domestic and small trade refuse, removed was approximately 175 000 tons.

Langa and Guguletu: There has been improvement in the refuse removal service in both Langa and Guguletu. Many homes, however, particularly in Guguletu, are not in possession of refuse bins with resulting dumping and non-collection. Further improvement is necessary in the service of the areas around the single quarters and streets thereto. The dumping of unserviceable motor vehicles generally in the townships also hampers the cleansing work. In the case of stripped vehicles and those left abandoned, they should be removed. Difficulty in maintaining clean areas in the vicinity of Barracks is further hampered by the activities of illegal traders as mentioned above.

STORMWATER DRAINAGE

The greater part of the Municipality, being built on the slopes at the foot of the mountain, is well sited for drainage but in parts of the Cape Flats natural drainage scarcely exists and in the wet season the groundwater level over a considerable area rises to or very near the surface.

It is the policy of the City Council to concrete line the invert and banks of the bigger natural watercourses in its area when required to provide increased hydraulic capacity or when warranted by cleaning and maintenance costs.

The stormwater is conducted in channels and pipes to the main canals and culverts or directly into the sea.

Continuous urban expansion and higher population densities require a more stringent approach to stormwater collection, especially on the Cape Flats.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas. Pail contents are disposed of by discharging into the sewerage system through the intake at the Strandfontein sewerage works 130 500 pail clearances were affected. Similarly 9 360 removals were made from O'Brien dry earth closets in the municipal and certain abutting areas.

PUBLIC SANITARY CONVENIENCES

This Department has under its control 53 public sanitary conveniences (chalets) sited at convenient points throughout the municipal area, and which are staffed by 141 permanent attendants.

PLANS SCRUTINY

Two senior health inspectors are seconded to the Building Survey Branch of the City Engineer's Department for the purpose of examining building plans of commercial premises to ensure compliance with legislation falling within the ambit of the Health Department, this includes requirements for natural light, natural ventilation, ceiling height, sanitary accommodation, rodent proofing, construction, materials and specific trade needs.

Inspections of sites and completed building works are also carried out by these officials, especially where licences issued in terms of the licences ordinance are involved. The general public and the professions are advised of Health department requirements whenever requested.

Statistics for the year 1982:

Number of examinations of building plans 4 323

Number of site inspections 1 658

PEST CONTROL

The Department provides a free rodent and mosquito control service to the public. Free advice is also given to the public regarding insecticides, methods of control and relevant safety precautions applicable to eradication of pests and vermin other than rats and mosquitoes.

The staff establishment at the Pest Control Centre, comprises 2 Pest Control Officers, 1 Driver, 1 Clerk and 25 Pest Control Operatives.

A close liaison is maintained between the Pest Control Section and the Entomological Department of the SA Museum when identification of insect pests is required. There also exists a good report between private Pest Control firms and the Department regarding Pest Control in general.

For the year under review the Pest Control Section carried out disinfestation of many Council owned premises of pests such as fleas, cockroaches, bed bugs, lice and bugs.

During 1982 there was a considerable increase in the number of mosquito complaints compared to the previous year. This was due to the unseasonable warm weather which occurred during the year.

The rodent control work conducted during 1982 is detailed in Table IV.17 Page 134.

The following amounts of Rodenticides, Larvacides and Insecticides were used for the year under review:-

Rodent bait:	22, 810 kg made up of	11,800 kg mealie meal 1,450 kg Rinoxin or 60 kg Finale 9,500 kg fish and water
Mice bait:	211 kg made up of	191 kg wheat 19 kg sugar 1 kg strychnine
Cyanogas (rats):	15 kg	
Larvacides (mosquitoes):	1,232 litres made up of	600 litres diesel 600 litres paraffin 32 litres Filariol
Insecticides:	45 litres made up of	25 litres Baygon concentrate 20 litres Neopybruthrin

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos 804 of 1943-04-30; and 605 of 1945-04-13), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Director General, State Health. A certificate may not be issued unless the candidate has worked for six months under a certified fumigator.

In August 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Director General to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities. During 1982 three candidates undertook the examination successfully and their certificates were forwarded to the Director General, State Health, Pretoria for registration and issue.

V COMMUNITY HEALTH CARE

COMMUNITY HEALTH POLYCLINICS AND SATELLITES

FAMILY PLANNING

CANCER PREVENTION

MATERNITY SERVICES

CHILD HEALTH CARE

IMMUNISATION

DOMICILIARY VISITING

GERIATRIC SERVICES

HEALTH EDUCATION

COMMUNITY LIAISON SECTION

SEXUALLY TRANSMITTED DISEASES

**EMERGENCY MEDICAL SERVICE
CIVIC CENTRE**

COMMUNITY HEALTH POLYCLINICS AND SATELLITES

Because of the realisation that greater efficiency, improved work satisfaction and a higher level of community service would result from the amalgamation of the previously separate tuberculosis, venereal disease and child welfare branches into a more comprehensive, single promotive health service, such a pilot project was launched in the Heideveld area in 1974 and was completed in 1978. In August 1977 the municipal area was divided for administrative purposes into three geographic health zones (each composed of a number of smaller health districts) with clearly defined boundaries and controlled by three principal medical officers as branch heads. Community health polyclinics provide a wide range of all day and everyday services to meet the needs of the residents of a defined surrounding area, and in many areas use is also made of satellite clinics. A planning committee under the chairmanship of the Medical Officer of Health, and including all senior field staff, meets monthly to monitor the efficiency of the services being provided, and to report on, and discuss fully, field problems as they arise. We, at present, operate 24 polyclinics and 29 satellite clinics. As an example of co-operation and co-ordination of primary health services in the spirit of the Health Act 63 of 1977, it is noteworthy that a total of 115 sessions are provided monthly in City Health Department clinics by staff of the State Health Department, Provincial Hospitals services, etc., in a wide variety of spheres ranging from psychiatric to dental services. No charge is made by the City Council for this usage.

MITCHELLS PLAIN

A total of 26 104 dwelling units had been completed at Mitchells Plain by the end of 1982. This figure includes the construction schemes of the Divisional Council which comprised 369 home ownership and 1 346 letting units. With the population at 31 December 1982 being 130 520 persons, Mitchells Plain is now approximately twice the size of towns such as Grahamstown and Worcester. Further extensions comprising 11 000 letting/selling units are planned and are presently under construction. The anticipated population by the end of 1982 would be 170 000 which is equivalent to the present day Bloemfontein.

At Westridge, our first custom-built community health polyclinic adjacent to the civic centre (opened in November 1977) continues to function tremendously well. The efforts, research and planning devoted to its design have proved most worthwhile since it enables all our health services to be provided under one roof and several clinic sessions to run concurrently. There is a full programme of morning and afternoon sessions throughout the week. One section of the polyclinic caters for ante-natal services, child welfare, family planning, child assessment, immunising, hearing and eye testing and dental clinics (a State Health Service) and in the other section of the building the investigation and treatment of tuberculosis, and sexually transmitted diseases are carried out, and psychiatric and geriatric services are provided. Because of the continuing expansion, satellite clinics have had to be established at Rocklands and Strandfontein.

For the same reason, a second community health polyclinic in Lentegour has recently been completed. It is close by and accessible to the community it serves. Due to the great success of Westridge it has been built to the same specifications. Satellites run from Lentegour are situated at Tafelsig and Beacon Valley. Approval for the third polyclinic at Rocklands was received and this centre should be operational by mid to late 1983. Planning for the fourth polyclinic at the town centre was in hand, this will be built in tandem with a fully fledged day hospital in the spirit of the Health Act.

LANGA AND GUGULETU

By 1978 clinic services were fully amalgamated into the preventive and promotive community health care scheme and at Langa the new polyclinic was opened in July, 1982 and the improved facilities have increased the efficiency of the services rendered.

FAMILY PLANNING

PROGRAMME AIMS

Family planning services are being accorded an ever higher priority rating as many health problems would be prevented or alleviated if family size was limited to that desired by (and capable of being provided for by) the parents. The central government attaches so much importance to this service that it is subject to a 100% refund from that body. It must be emphasized that the aim of the family planning programme is to raise the standard of family health and not merely to control population or community growth.

PROGRAMME METHODS

Family planning clinic services are provided by full-time family planning clinic sisters and also as part of their normal duties by comprehensive medical officers and nursing staff. Apart from sessions at fixed clinics, mobile teams attend factories where large numbers of individuals who would find it difficult to reach clinics can be assisted. The factories are also targets for a team of motivators who provide preliminary education and motivation as groundwork for the clinical team. Another team of field motivators, under the control of a liaison officer, is engaged in a sweep through the residential areas, identifying and motivating potential clients and simultaneously building up a picture of the fertility demography of the area.

PROGRAMME RESULTS

Detailed statistical returns on all aspects of the programme are forwarded to the State Health Department (who provide financial support for the service). These returns are analysed in depth to assess the penetration and cost-effectiveness of the national programme.

Growth In 1982

Assessment of the penetration of the service can be achieved on a yearly basis by means of an 'individual count' whereby the cards of all clients attending at least once during the year are counted once (Table V.1 Page 135). Such a total includes a number of clients who defaulted at some time during the year (although experience shows that many of these clients have actually attended elsewhere and are still protected) but may still be used to assess annual growth (See Figures 5.1 & 5.3).

In 1982 the individual count total of clients seen was 80 148; this is the highest number ever recorded (6 872 White, 59 516 Coloured, 278 Asian and 13 482 Black). It represents a 16,5% growth in the service over the previous year.

Attendances at various centres over the past five years are given in Table V.2 Page 135.

Coverage of Women 'at-risk' of conceiving.

As fresh census data is not yet available, the data in Table V.3 Page 137 must be treated with some reserve. However, no allowance has been made for sterilised women in the 'infertile' column so that the final figures may not be far from the true situation, at least for the Coloured group where nearly 56% of women at risk are thought to be protected at city health clinics and factories.

Preferred mode of contraception (Tables V.4 and V.5 Pages 137, 138; Figures 5.1 and 5.2)

Whites - Three quarters of clients chose oral methods in 1982 as in 1981.

Coloureds - Proportionately far fewer chose oral methods than did Whites (and many more opted for intramuscular methods). The overall pattern showed little change from the previous year and IUCD remained fairly unpopular.

Blacks - This group continued to prefer intramuscular over oral methods in 1982 as in 1981.

Figure 5.1 INDIVIDUAL PLANNING COUNT BY METHOD, ALL RACES: 1980 - 1982

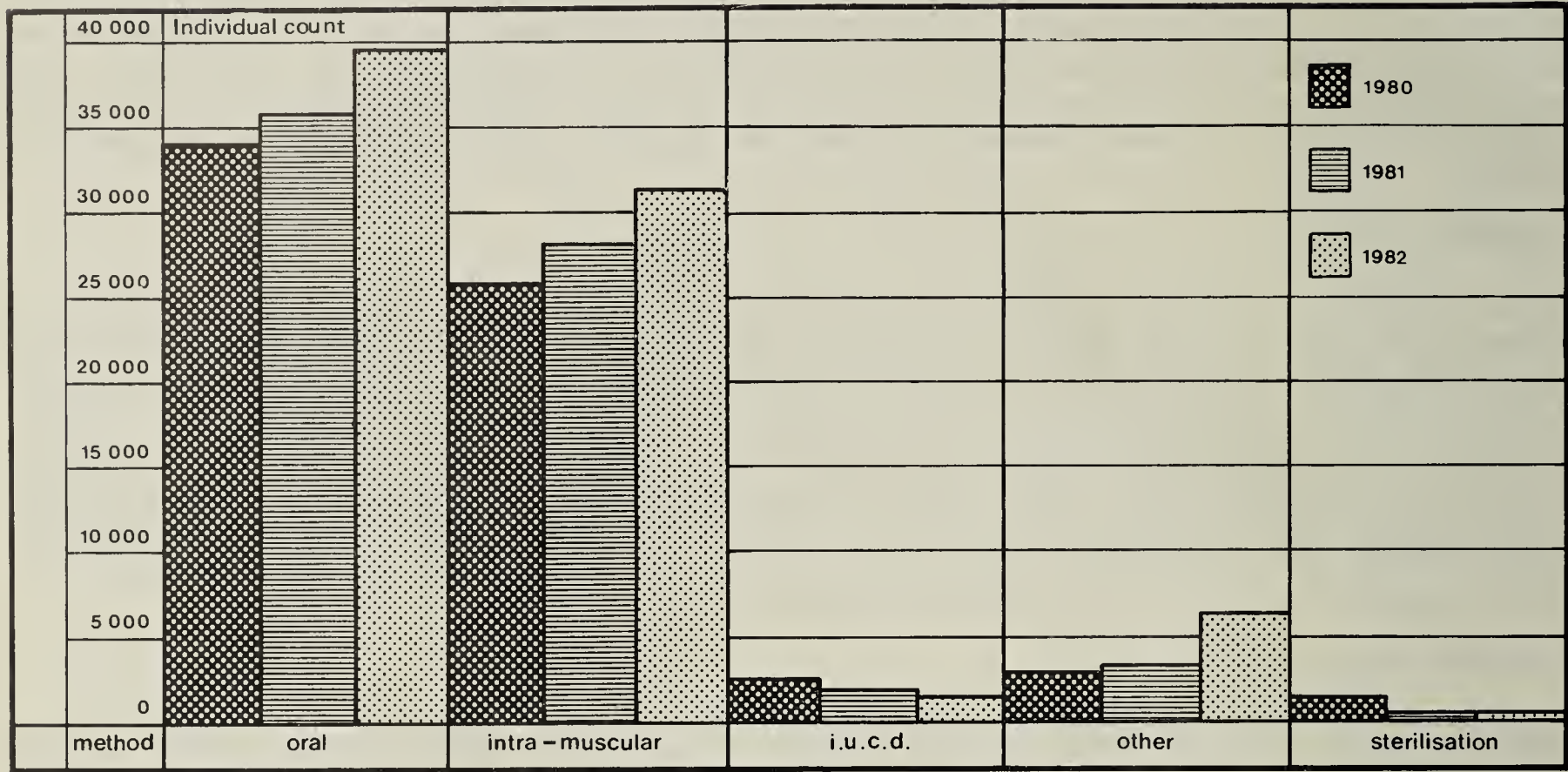
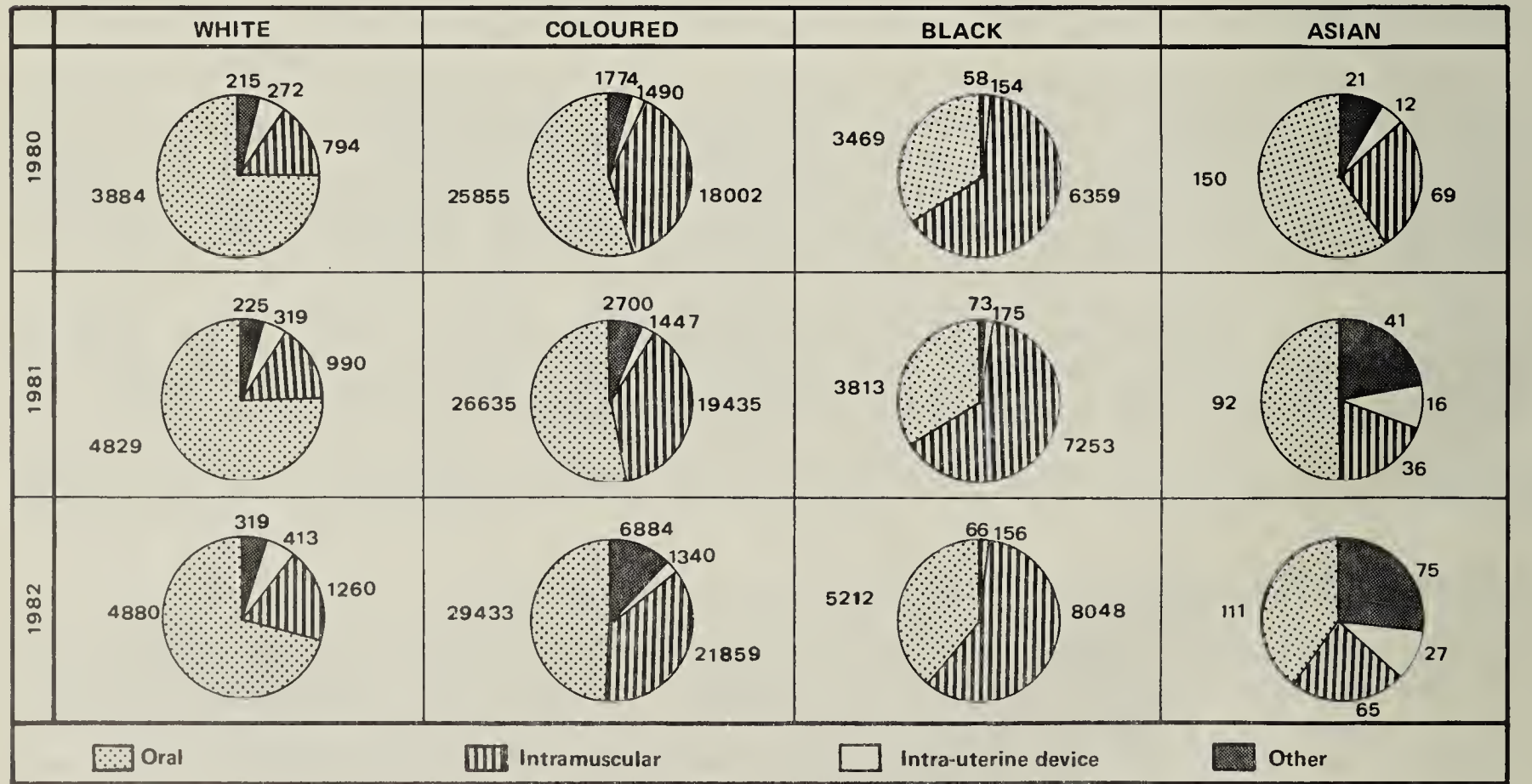


Figure 5.2 THE PREFERRED MODE OF CONTRACEPTION BY RACE 1980-1982



CANCER PREVENTION

Since February 1960, routine cytological screening to detect possible early malignancy of the cervix (carcinoma of the cervix uteri) has been performed on all women attending family planning or post-natal clinics. Where atypical cytology is found the patients are referred to the gynaecological out-patients department for further management. In 1982, 15 002 Papanicolau smears were examined, 68 results were reported as "atypical" and were investigated - of these, early carcinoma was discovered in at least 20 cases (investigations are proceeding in some of the remainder).

MATERNITY SERVICES

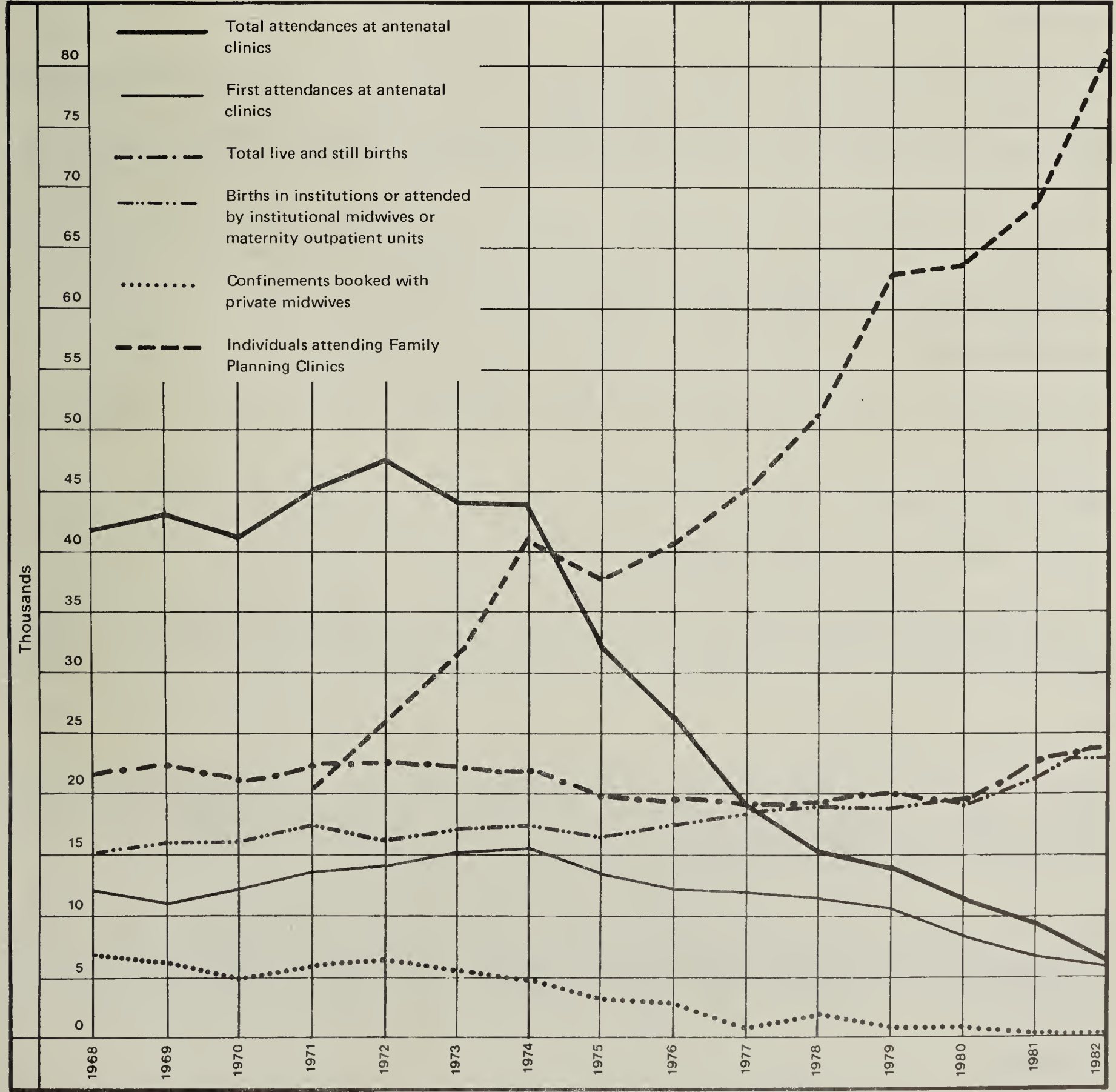
The Health Act, Act 63 of 1977, assigned the responsibility for providing these services to the provincial administration.

ANTE-NATAL CARE

The Health Department works closely with the Provincial and private maternity services operating in the Peninsula, referring many cases to the former and assisting with ante-natal care in some of the latter.

Figure 5.3 RECENT FALL IN ANTENATAL CLINIC ATTENDANCE DISPLAYED IN RELATION TO THE NUMBER OF NOTIFIED BIRTHS, ATTENDANCE AT FAMILY PLANNING CLINICS,* THE NUMBER OF BIRTHS AT INSTITUTIONS AND THE NUMBER OF CONFINEMENTS BOOKED WITH PRIVATE MIDWIVES: 1968 - 1982

* FROM 1971 ONLY BECAUSE OF CHANGES TO DATA COLLECTION



ATTENDANCES

During 1982 the fall in ante-natal attendances evident since 1974 continued. The fall in attendances is almost entirely due to the greater number of referrals to the Peninsula Maternity Services group of hospitals and day hospitals. See Figure 5.3. During 1982 there were 1 442 clinic sessions held at 26 different centres (see Tables V.6 and V.7 Page 140). Private midwives were booked to attend 286 domiciliary deliveries (103 less than in 1981) and the majority of these expectant mothers attended Municipal ante-natal clinics - the midwives being encouraged to attend with their patients for consultation with the doctor. There were 6 209 first attendances of new ante-natal cases (compared with 6 687 in 1981), but the majority attended only once and were then managed by the Provincial Maternity Services.

Langa and Guguletu: Attendances at ante-natal clinics totalled 2 358 at Langa and 1 416 at Guguletu during 1982. The number of new attendances at Langa totalled 2 313, which outnumbered the notified Births in the area and at Guguletu totalled 1 163 i.e. 48% of the notified Births in the area. These figures are influenced by the availability of Provincial Services.

MIDWIFERY

While not offering facilities for delivery at municipal clinics the Health department does supervise all persons other than medical practitioners practising midwifery in the municipal area (in terms of Section 18(b) of the Public Health Amendment Act, Act No. 15 of 1928). There are 31 private trained midwives. Regular monthly meetings are held at various centres which afford the private midwives the opportunity of hearing lectures given by obstetricians from the medical school, University of Cape Town and at which the supervisor of midwives inspects the midwives records and equipment. Private midwifery fees are paid by the Health department for approved indigent cases in areas not served by the Provincial District Midwives or midwives from the training school. An amount of R284,30 was so paid in 1982.

POST-NATAL CARE

While post-natal care is offered at family planning sessions usually combined with infant visits, (see above) there is a grave deficiency in coverage at the six week stage.

CHILD HEALTH CARE

SCOPE OF ACTIVITIES AT CLINIC SESSIONS

Child welfare, immunisation and family planning services were delivered simultaneously on a polyclinic principle during 1982. At the clinics mothers are advised on correct feeding practices, and all matters of hygiene relating to infants and pre-school children. Dried milk is supplied as discussed below.

DEVELOPMENTAL SCREENING

Neonates, babies of about 9 months, and children aged 5 to 6 years are screened for developmental abnormalities, which for the latter two groups includes vision and hearing testing. Problems are identified early and appropriate management instituted thus ensuring that the child develops to his full potential.

During the year neonates were screened by the public health nurses at the birth visit, and in the other groups 14 871 screening tests were carried out, 10 688 in the 9 month old group and 4 183 in the 5 to 6 year old group. Abnormalities which required either re-examination or referral were found in 5,98% in the 9 month and 5 to 6 year old group.

ATTENDANCES

In 1982, there were well over 1/2 million attendances at the child welfare clinics. This very large attendance was undoubtedly due to the comprehensive polyclinic concept

which gives considerable frequency and availability of services. The number of sessions held (see Table V.7 Page 140) was 6 098 and of the 536 241 attendances recorded, 23 246 were new attenders, 21 875 being aged less than one year of which 2 835 were White, 14 403 were Coloured, 257 Asian and 4 380 Black. The new attendances of infants under one year of age was equivalent to 93% of the total number of births notified during 1982.

Langa and Guguletu: Attendances are detailed in Table V.7 and V.8. Pages 140-143.

Langa: There were 18 458 attendances at Langa in 1982 of whom 1 776 were new attendances which was equivalent to 90,4% of the total number of notified births in the area.

Guguletu: There were 48 812 attendances at Guguletu in 1982 of whom 3 115 were new attendances which outnumbered the 2 417 notified new births in the area.

NUTRITION OF INFANTS, TODDLERS AND PRE-SCHOOL CHILDREN

Information and advice on nutrition and correct feeding techniques is given to mothers at child welfare clinics. Breast feeding is strongly encouraged and instruction is combined with test feeds when necessary.

Breast Feeding Clinics

Mothers who have problems with breast feeding were seen at special breast feeding clinics where more time could be devoted to solving the various types of individual problems.

Artificial Feeding

For those who are unable or unwilling to breast feed, advice on artificial feeding and bottle hygiene is given. Dried milk is supplied at prices ranging from cost to a free issue depending on the financial circumstances of the mother. A small variety of milks is available to allow for freedom of choice on the part of the mother. During the year 191 816 kgs of proprietary dried milk were sold at cost.

Skim Milk

The pilot scheme started by the State Health Department in 1961 for the distribution of dried skim milk to necessitous toddler groups for the prevention of kwashiorkor has been continued on a permanent basis. The City Health Department obtains the milk and distributes it, and in 1982 an amount of 71 872 kgs was distributed with the patient contributing as much of the City Council's share of the cost as possible. 7 744 kgs of skim milk powder provided by the Council was supplied to children at Council creches and nursery schools. Without these schemes the state of infant nutrition in many cases would be far from satisfactory.

SPECIAL MALNUTRITION CLINICS

A malnutrition clinic specifically designed to deal with malnutrition and its many causes was established as a pilot project in Heideveld in 1979. The success of this clinic led to the establishment of specialised Malnutrition Clinics in other centres and at the present time these clinics operate in Heideveld, Manenberg, Bokmakierie, Netreg, Hanover Park, Bonteheuwel, Guguletu, Langa, Lavender Hill, Parkwood, Retreat, Kensington, Factreton and in Mitchells Plain at Lenteguur and Tafelsig.

All children living in the health district who are below the third percentile weight for age are referred to these clinics, the cause of their malnutrition established, and management of their problems instituted (patients who show signs of kwashiorkor or marasmus are referred to the hospitals or day hospitals for curative treatment).

Before the child is referred to the malnutrition clinic the health visitor completes a malnutrition form when doing her home visit. A family, social, medical and nutritional history is taken.

At the clinic the child is medically examined and referred for a chest x-ray. The paramount importance of nutrition education is recognised and intensive health education on proper feeding techniques, budgeting, nutritious foods, simple home economics and the buying of the correct type of food is given to the mother. Nutrition experts give demonstrations on the cooking of nutritious recipe, the hay box method of cooking is demonstrated and the patients are taught how to make a hay box. Social problems are dealt with and the mother is referred to the appropriate agency for help and advice. Medical problems are treated and defaulters are followed up. At Heideveld clinic the Shawco shop is present at clinic sessions so that mothers can buy recommended foods at prices cheaper than in shops and supermarkets. Shawco would extend this service to other area if overheads were not so high and a mobile van was available.

Mealie meal, peanut butter and skim milk are supplied and act as a drawcard.

The service will be extended to other areas where the need exists.

CRECHES CUM PRE-PRIMARY SCHOOLS

Creches cum pre-primary schools run by this department are provided for children of those families where either parent is suffering from Tuberculosis or some other illness which prevents the proper nutrition and upbringing of the child. Cases are admitted following investigation and referral by the public health nurses in the field.

The activities of the 8 nursery schools are controlled by the nursery school supervisor and are detailed in Table V.14 Page 146. There is a routine annual medical examination of each child and the nursery school teachers are trained in the developmental screening of the 4 1/2 - 6 year old child which includes screening for hearing, visual, speech and behavioural problems.

PRIVATE CRECHES/NURSERY SCHOOLS

Persons wishing to establish creches or creches cum nursery schools (or premises caring for more than 6 children of pre-school age even if only for part of the day or on a few days a week) must:-

- (a) apply for a trading licence in terms of the Licencing Ordinance No. 17 of 1981 from the Town Clerk;
- (b) register with either the Department of Health and Welfare for Whites; Department of Internal Affairs for Coloureds and Asians and the Department of Co-operation and Development for Blacks.

The standard requirements of this Department are available on request and Council Health Inspectors, working in close collaboration with the relevant State Department investigate the suitability of the premises from a public health point of view.

Although certain organisations, e.g. welfare and church organisations are exempted from obtaining a trade licence, all places of care must be registered in terms of the Children's Act No. 33 of 1960.

In terms of the regulations relating to places of care promulgated under government notice R243 of 1976 this council is obliged to submit a report to the relative State Department regarding the suitability of the building from a structural and health point of view prior to their registration.

Regular inspections of existing premises are made routinely or following a complaint to ensure that health standards are maintained.

SCHOOL EYE CLINICS

A visiting ophthalmologist, assisted by a clinic sister, was present at 263 ophthalmic sessions for school children held during 1982 and which resulted in 1 641 children receiving spectacles (attendances are detailed in Tables V.7 and V.15 Pages 140, 146). New cases increased by 289 over 1981, and total attendances increased by 581.

PROTECTED INFANTS

Children under the age of seven years living with foster parents must be registered with the commissioner of child welfare of the district. He is empowered to nominate infant protection visitors to visit the foster home and make reports thereon - the public health nurses of this department have been so nominated and in 1982 were responsible for visiting 62 protected infants in the Cape Town and 253 in the Wynberg magisterial districts. Reports on these children must cover all psychological, social and physical aspects of the foster care being provided and, if they are adverse, these reports may result in the removal of the child to the care of a more suitable person.

IMMUNISATION

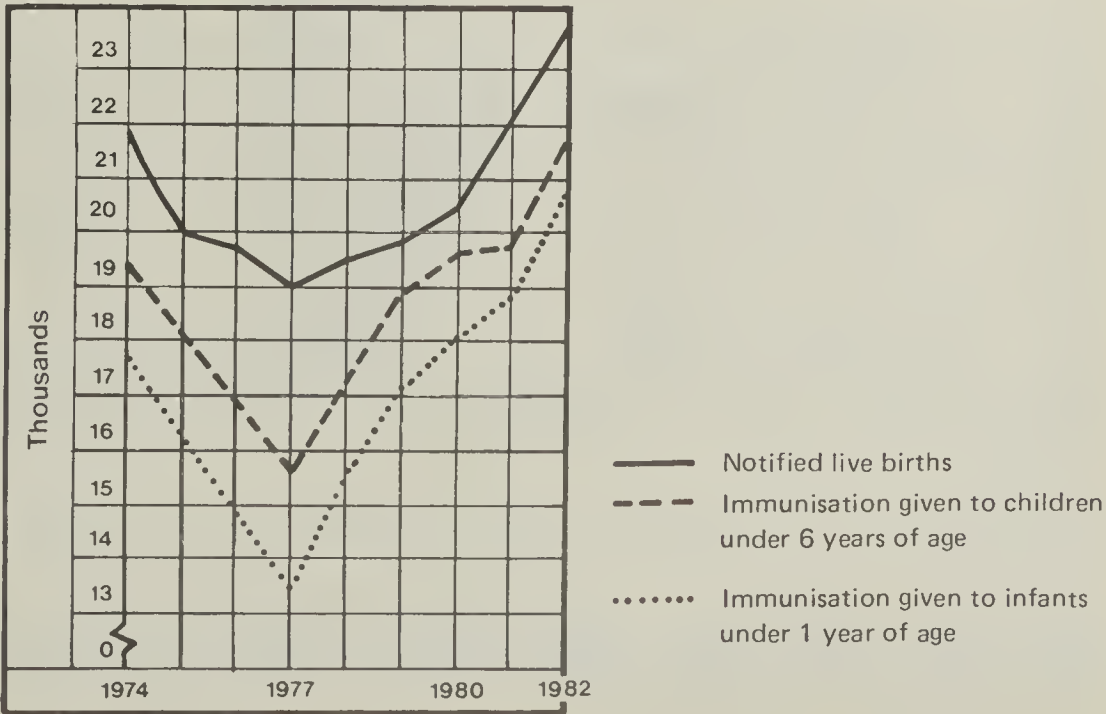
A continued effort to keep up the community level of immunity to poliomyelitis, diphtheria, whooping cough, tetanus, tuberculosis and measles is essential. Difficulty is still sometimes experienced in obtaining completion of the course of immunisation. There is a clear fall-off in attendances for 2nd and 3rd doses as compared with 1st doses administered and this necessitates much home visiting by the public health nurses to persuade defaulting parents to bring their children to the clinic. The recommended schedule of the State Health Department (form Health 183) is followed in broad outline (see Table V.9 Page 144). Immunisation is offered by: (a) the child welfare staff at the vast majority of clinics as already indicated and, (b) an immunising team of nurses who visit clinics, institutions and schools. Decentralisation of the records to community health centres was introduced in 1978.

POLIOMYELITIS

Government notice R1989 of 1963-12-27 made it compulsory for immunisation against poliomyelitis to be commenced within the three months after a child had attained the age of three months and to be completed within a period of twelve months from the date of the first dose. Immigrants were also prescribed as requiring immunisation and the service was proclaimed to be available free of charge to South African citizens and immigrants alike. Such free immunisation is available at all clinics where triple vaccine (DWT) is routinely administered. Poliomyelitis immunisation was offered at 5 224 sessions during 1982 and a total of 110 387 doses were issued (broken down by whether 1st, 2nd, 3rd or booster dose; by age and race groups (see Table V.10 Page 144). Figure 5.4 illustrates the number of complete triple dose poliomyelitis immunisations administered in relation to the number of births notified over a nine year period (1974 - 1982) and shows an increase from 85% to 88% in the completion rate for 1982 compared with 1981 for the under one year age group. In 1982 the figures, by race, were White 93,4%; Coloured 94,7; Asian 162% and Black 58%.

Langa and Guguletu: (Table V.11 Page 145). At Langa 867 and at Guguletu 1 835 persons were fully immunised with a course of three doses of vaccine. The age at which the first dose was administered reflects the fact that in Langa some 15% and in

Figure 5.4 THE NUMBER OF COMPLETE TRIPLE DOSE POLIOMYE- LITIS IMMUNISA- TIONS ADMINI- STERED IN RELATION TO THE NUMBER OF NOTIFIED LIVE BIRTHS: 1974 - 1982



Guguletu 10% of persons immunised were aged 1 year or older. This is most unsatisfactory, as the first dose should be administered at three months, the second at 4 1/2 months, and the third at six months of age.

DIPHTHERIA, WHOOPING COUGH (PERTUSSIS) AND TETANUS VACCINE (DWT, DPT OR "TRIPLE ANTIGEN")

Such immunisations are not compulsory but are vitally important to the health of the child. The triple antigen in use in 1982 was that of the SAIMR and its administration is recommended at 3 months, 4 1/2 months and six months of age with a further booster dose at 18 months. Use of DT alone is advised for school entrants. At 5 275 immunisation sessions in 1982 a total of 107 322 injections of various combinations of D+W+T were administered (see Table V.10 (b) Page 144). First attendances in the under 1 year age group were equivalent to 95,1% of Whites, 98,6% of Coloured and 84,3% of Black births notified during the year and outnumbered the Asian notified births (175,9%). Comparable percentages in 1981 were 98,1% for Whites and 157,8% for Asian, 84,7% for Black and 99,5% for Coloured.

The numbers in the under 1 year age group who completed the 3rd dose of triple vaccine was equivalent to 93,1% of White, 96,4% of Coloured, 60% of Black births notified during the year and outnumber the Asian notified births.

In perusing these statistics it should be remembered that of the notified live births a number were dead or ill before reaching the age of one year - in 1982 there were 542 such deaths alone (equivalent to 2,37% of the total notified births) of which 169 were Black, 334 Coloured, 5 Asian and 34 were White. In turn, of the 508 Black, Coloured or Asian deaths 365 were aged less than three months so that the real penetration of the immunising service was even better than the crude percentages would indicate.

Langa and Guguletu: A similar pattern to that of poliomyelitis immunisation is apparent (see Table V.11 Page 145). The proportion of notified births presenting for the first immunisation during the first year of life is poor. That is partly explained by infants being taken back to the Transkei etc. and by the high infant mortality.

SMALLPOX

Vaccination was no longer compulsory and was deleted from the schedule.

TUBERCULOSIS

BCG immunisation was made compulsory by Government Notice 1754 of 1973-09-28; except where the parent or guardian objects in writing, this must be commenced (i.e. given for the first time) within 6 months of birth. Japanese freeze dried BCG is supplied by the State Health Department; in previous years an unsatisfactory vaccine had been used and thus there has been need to re-immunise school entrants for the past few years.

55 012 BCG vaccinations were given during 1982 - 21 957 to infants under six months, 303 to infants 6 to 12 months of which 145 were repeats (2 937 White, 15 365 Coloured, 238 Asian and 3 720 Black) and 32 752 to school age children and others (28 953 Coloured, 349 Whites, 226 Asian and 3 224 Blacks). BCG is administered percutaneously via 27 punctures (using the new disposable needle implanted plastic cylinder) to infants aged one month as a routine and also to tuberculosis contacts who were tuberculin negative (see page 75).

First attendance in the under 6 months age group was equivalent to 99% of White, 94,7% of Coloured, 79,3% of Black births notified during the year and outnumber the Asian births.

Attendances for 1981 and 1982 are detailed in Table V.12 (Page 145).

Langa and Guguletu: 1 252 BCG vaccinations were administered at Langa and 2 322 at Guguletu during 1982 (equivalent to 64% of notified births at Langa and 96% of notified births at Guguletu).

MEASLES

A measles immunisation programme was begun in February 1974. Nearly 11 000 doses were administered to children in 1974, 10 100 in 1975, 11 469 in 1976, 7 364 in 1977 (vaccine available from June to December only), 29 948 in 1978, 34 475 in 1979, 36 059 in 1980, 36 550 in 1981 and 37 505 in 1982.

High risk children are given the vaccine at 7 and 14 months and low risk at 14 months only. Because the objective of the department is to eliminate indigenous measles, major efforts are made to improve the proportion of children receiving the vaccine.

The number of cases of measles notified to this Department in 1982 was 404 which represents a 35% increase over the previous year.

First attendance in the under 1 year age group was equivalent to 60,5% of Whites, 90,2% of Coloureds, 70,4% of black births notified during the year and outnumber the Asian births.

The entire measles programme is continuously under review.

Langa and Guguletu : 1 743 Langa and 2 923 Guguletu children were given measles vaccine in 1982.

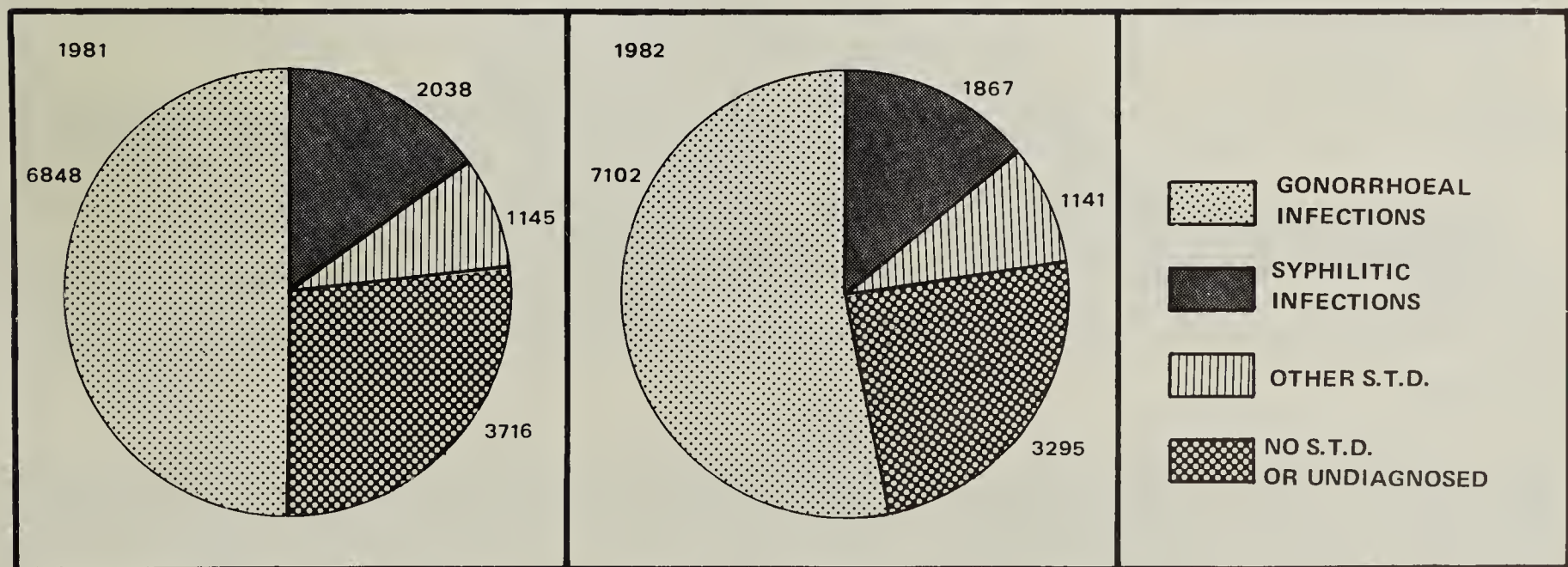
ADVERSE REACTIONS TO IMMUNISATION

Eight adverse reactions occurred (see Tables V.19 and 20 Pages 149, 150).

SEXUALLY TRANSMITTED DISEASES (VENEREAL DISEASES)

Accurate statistics of epidemiological trends are difficult to detect due to the fact that sexually transmitted diseases are not compulsory notifiable diseases and patients attend either private doctors, hospitals or local authority clinics for their investigation and treatment. Attendances at municipal clinics provide the only epidemiological records of these diseases in Cape Town and these attendances are presented below in order that their priority rating can be seen in the total community health care concept. It can be postulated that as the tip of the iceberg they represent about 20% of the total number of cases in the City.

Figure 5.5 NEW ATTENDANCES AT SEXUALLY TRANSMITTED DISEASES (STD) CLINICS BY DIAGNOSIS 1981-1982



MORBIDITY

The numbers of new cases seen during 1982 and the preceding year are detailed by race group, sex and diagnosis in Table V.21 Page 151. Trends over a series of years are indicated in Table V.22 Page 152 and occurrence in teenagers in Table V.23 Page 153.

Summary data is contained in Table V.24 Page 153.

ALL FORMS OF SEXUALLY TRANSMITTED DISEASE

The number of new cases rose by 79 (0,8%) from 10 031 in 1981 to 10 110 in 1982 with a fall in the incidence rate per 1 000 population from 10,3 to 10,1. White female new attendances rose by 42,3% (from 26 to 37); and White male new attendances fell by 28,6% (from 335 to 239); Black/Coloured/Asian female new attendances fell 21,2% (from 1 544 to 1 510) and male rose by 2,4% (from 8 126 to 8 324). There were 580 new cases in teenagers in 1982, a rise of 9,6% over the 1981 figure of 529. The spectrum of pathology seen is illustrated in Figure 5.5.

SYPHILIS

There was a decrease of 8,4% (from 2 038 to 1 867) in the number of new cases of acquired syphilis in 1982 compared with 1981 (a decrease of 167 in other race groups and 4 for Whites). See Tables V.21, V.22, V.23 and V.25 Pages 151-154 and Figures 5.6 A and B and 5.7. Congenital syphilis cases numbered 29 in 1982.

Figure 5.6A NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN MALES 1956-1982

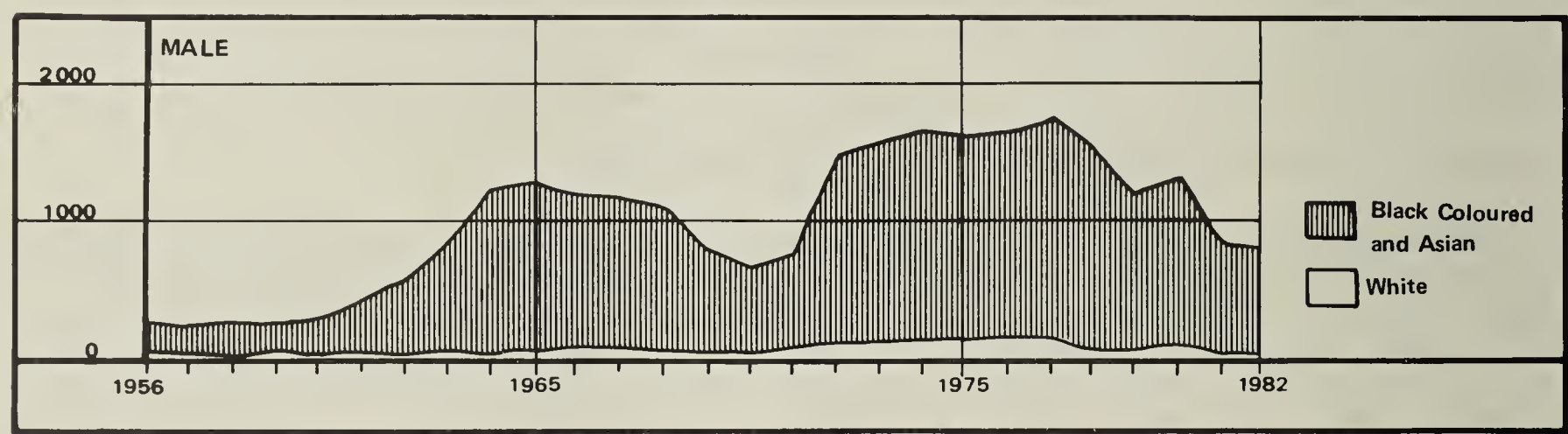
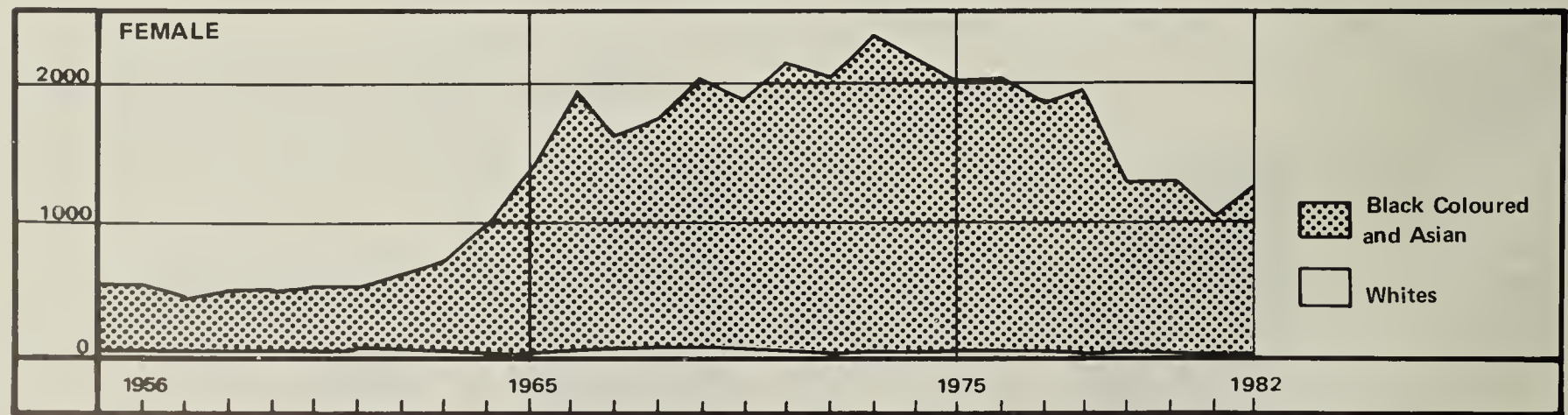


Figure 5.6B NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN FEMALES 1956-1982



GONORRHOEA

There was an increase of 3,7% (from 6 848 to 7 102) in the number of new cases of gonorrhoea in 1982 compared with 1981 (an increase of 330 for other race groups, and a decrease of 76 in the White group). See Tables V.21, 22, 23 and 24 Pages 151-153. Penicillin remained effective in therapy.

OTHER VENEREAL DISEASES

There was a decrease of 0,3% (1 145 to 1 141) in the number of new cases of sexually transmitted diseases other than syphilis or gonorrhoea in 1982 compared with 1981 (an increase of 1 in other race groups and a decrease of 5 for Whites). See Table V.21,

22, 23 Pages 152-153. The increase was largely due to the rise in the number of cases of non-specific urethritis in all races groups (see Table V.25 Page 154). The spectrum of diseases seen is illustrated in Figure 5.8.

Figure 5.7 NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) BY FORM OF THE DISEASE 1981-1982

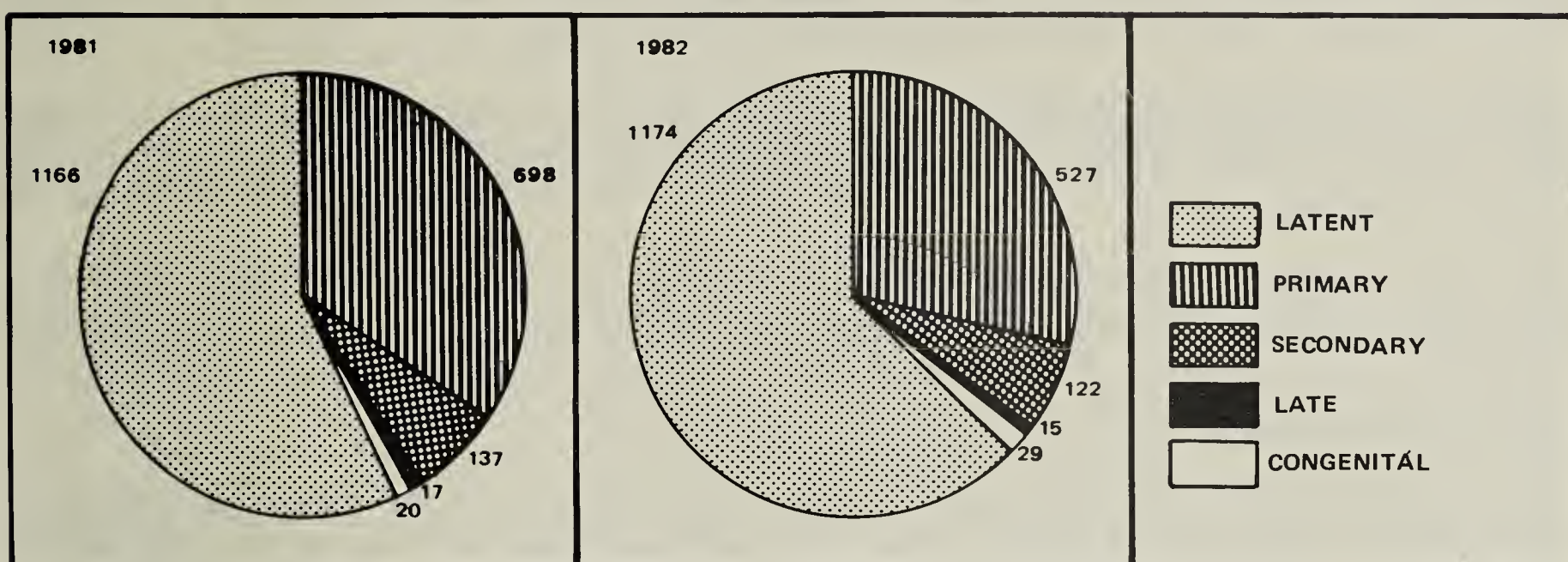
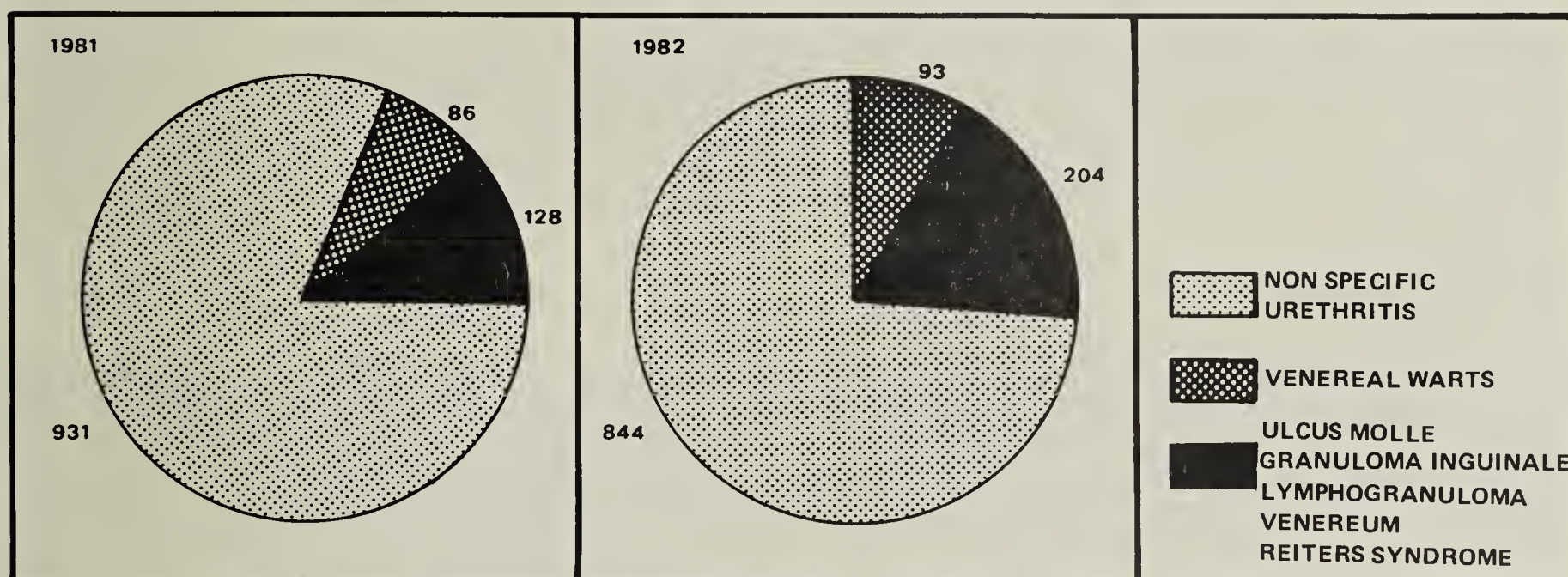


Figure 5.8 NEW CASES OF SEXUALLY TRANSMITTED DISEASES OTHER THAN SYPHILITIC OR GONORRHOEAL INFECTIONS (INCLUDING REINFECTIONS) BY THE DIAGNOSES 1981-1982



MORTALITY

Venereal diseases are not a significant cause of death (see Tables 111.22 Page 152). 1 death due to syphilis was recorded in 1982 compared with 7 in 1981. Of these deaths none were due to congenital syphilis in infants under 1 year in 1982, while in 1981 there were 2.

Free facilities for the diagnosis and treatment of sexually transmitted diseases were provided at 31 medical sessions per week held at 23 departmental clinics during 1982. The workload at the treatment clinics decreased by 1,4% in 1982 compared with the previous year; new attendances decreased by 2,5% from 13 747 to 13 405 (White new attendances fell by 18% from 500 to 410 and other races decreased by 1,9% from 132470 to 12 995) and total attendances decreased from 28 800 to 28 409 (White total attendances rose by 5% from 914 to 960 and for other races fell by 1,6% from 27 886 to 27 449).

Every effort is made to inform contacts of the need for investigation. In 1982 only 321 admitted contacts responded in contrast to the total of 10 110 new cases registered (comparable figures in the previous year were 366 and 10 031).

HERPES GENITALIS

This condition has been much discussed during the current year with numerous reports published in medical literature and the news media but as herpes is not a notifiable disease accurate South African statistics are not available.

However, this department commenced (in October 1982) to record all cases who attend municipal clinics and found to be suffering from herpes genitalis, in order to get some idea of its prevalence in the municipal area; 68 new cases were seen during October to December.

Langa and Guguletu: Attendances at these clinics are detailed in Table V.26 Page 155. Many residents of these areas also attend at the Spencer Road clinic on Saturday mornings.

DOMICILIARY VISITING

While a great deal of important work is performed at the polyclinics by the Community Health nurses their really vital task is to visit persons needing advice and assistance in their homes. Concurrently with the conversion of services to the all-embracing preventive polyclinic concept is a change in clinic records to the form of family folders. This means that a public health nurse visiting a home has at her disposal in one folder records relating to all members of the family. Home visiting enables the public health nurse to guide mothers in the care of their children in relation to the home. Routine visits should be made soon after the infant's birth and at least every three months thereafter during the first years of life. However, staff shortages often interfere with this ideal, especially as home visiting is also essential for other reasons such as for cases of notifiable or other infectious diseases; where there are socio-economic or other domestic problems; where some family member has defaulted on a clinic appointment for a variety of services; ante-natal and geriatric visiting. (The different visits made by public health nurses are given in Table V.18 Page 148).

GERIATRIC SERVICE

Since the first geriatric screening clinic was held at Heideveld on 1975-08-06 the geriatric service of the Health Department has grown from strength to strength. Altogether 19 such clinics have been started in fairly rapid succession. They are all run on a fixed pattern. After a preliminary survey of each health district a register is compiled of all female persons who are 60 years or older and all male persons of 65 years and older. Our public health nurses interview these persons in their homes and obtain a detailed personal, medical and socio-economic history of each person. On the appointed day the public health nurse collects 6 to 8 old persons and brings them to the Community Health centre where they are thoroughly screened by the medical officer for all medical, physical, mental, social and personal problems.

All problems, however trivial, are attended to and patients are referred to the appropriate agencies for correction of their problems. Appointments are made and where necessary transport is provided to enable all those referred to attend at the various hospitals or other agencies.

Since the initiation of these screening clinics 5 742 old persons have thus far been screened and many re-attended for follow-up. Considering that child health care and the control of infectious diseases must of necessity be given priority and that therefore only 5% to 8% of the resources of the Health Department can be applied to geriatrics this is no mean achievement. (For details of the types of visit and the nature of the referrals please refer to Table V.16 Page 146).

Attempts are constantly been made to keep the geriatric registers up to date by adding the names and addresses of new persons as they reach the "geriatric" age. This is

made possible by the combined efforts of public health nurses, health inspectors, family planning advisers, community development officers, day hospital personnel, the general post office and the community at large.

Problems with sight and the obtaining of spectacles and foot problems have emerged as the major disabilities of the aged in the areas concerned, 24% and 21% of all referrals respectively. While screening for spectacles is now being undertaken by the day hospital organisation the chiropody service has since the beginning of 1980 been funded by the City Council itself.

With the firm establishment of its Geriatric service the Health Department has gone the full circle of total comprehensive preventive and promotive services for all age groups of the population it serves.

Community Involvement

By getting the community involved in geriatrics it has been demonstrated that community involvement in health matters is not only possible but also highly effective and desirable. Churches, welfare organisations, old age clubs and concerned individuals have formed themselves into VOLUNTARY WORKERS COMMITTEES FOR THE ELDERLY. One such Committee is attached to each geriatric clinic. From 1975 until quite recently these Committees have paid for the services of a chiropodist, but since being freed from this responsibility by the City Council they now concentrate their efforts on other equally important services such as the provision of refreshments at clinic sessions, the provision of meals and nutritious food concentrates, home helps, hospital escorts and Christmas parties and hampers. They now also function on a sound organisational basis each with its own constitution and linked centrally by what is known as the CENTRAL GERIATRIC FUND - an umbrella body which co-ordinates the activities of the various Voluntary Workers Committees.

Working in close co-operation with the nursing staff these community based Committees are quietly and unobtrusively performing a yeoman service for the aged in the community.

HEALTH EDUCATION

Community Health Centres:

Because Health Education has a significant contribution to make to Community Health care, daily talks on Health Education supported by visual aids were given to all clinics by the nursing staff and health education lecturers. Healthier living habits were encouraged, and emphasis given to the importance of breast feeding, adequate nutrition, immunisation, accident prevention, the dangers of smoking and all aspects of health care.

Hospitals:

Regular health talks and film shows were given by the Health Education staff at the Brooklyn Chest Hospital, Somerset Hospital ante-natal and paediatric clinics and Red Cross Hospital out-patient department. Talks on antenatal care were also given at St Monica's Home.

Nutrition Clinics:

Lectures on nutrition were given by the Health Education staff and the staff of the Nutrition Advisory Services.

Community Health Education:

Illustrated talks were given to the staff of many supermarkets, factories, hotels, schools and homes for the aged. Hostels in Langa and Guguletu were visited on a regular basis for films on a variety of health topics.

National Heart Week :

A display of literature and posters on the prevention of heart disease was arranged on the concourse of the Civic Centre. A large model of the human heart was also displayed.

T.B. Week :

A renewed effort was made by the staff of the Health Education branch to reach a wider public in factories, supermarkets and hotels, as well as our clinics. Booklets and pamphlets on the treatment and prevention of T.B. were distributed.

Dental Week :

Dental health was publicised and pamphlets distributed in this department's clinics.

Stop Smoking Clinic :

A five day lunch-hour clinic was conducted at the Civic Centre for the benefit of the staff. Films were shown and literature was distributed.

Breastfeeding :

Slides to promote breastfeeding were made in the department and shown at ante-natal clinics and at meetings of health education personnel.

Health Education Course for Teachers :

A series of medical lectures, arranged with the University of Cape Town Extramural Department, was presented to teachers representing all sections of the community. The course was well attended. A variety of topics were covered to enlighten teachers and provide a vehicle for doctors to speak to them.

The statistics in Table V.17 Page 147 reflect the lectures given by the Health Education Section.

COMMUNITY LIAISON SECTION

This section was established in July 1979 as an extension of the concept of Community Health Care.

"The basic function of a community liaison service is primarily to encourage community organisation and participation to promote social and cultural upliftment by the mobilisation of all community resources to meet the needs of urbanisation.

The duties of the Community Liaison officers were set out to liaise with:

1. Public health nurses in connection with child care, family planning, care of the aged and mental health.
2. The health inspectors regarding environmental health.
3. Housing managers regarding housing and community problems.
4. The health education officers regarding appropriate health education.
5. The various community groups within the housing estates and assessing the resources and requirements of these groups to achieve the desired level of physical and mental well-being that is practical in each community.
6. Appropriate state and private organisations including churches, club organisations, sport bodies, cultural organisations, schools and the like to ascertain the services available, their conjoining actions and the possible elimination of overlapping.

7. Youth and women's groups and other clubs, arranging meetings and giving talks, holding discussions and the like and giving guidance to individuals and groups who wish to participate in service to their community".

The activities of this section were originally centred on Valhalla Park and Kalksteenfontein where many families had been re-settled from squatter camps.

Problems relating to the families living in the area were identified, persons willing to serve as volunteers in various club activities were contacted and with their assistance, programmes directed towards the needs of the aged, the infirm and the youth of the community were initiated on a self-help basis. The members of the various clubs were encouraged to take responsibility for all decisions taken.

Club activities were based on the community centre and co-ordinated by a committee representing the various groups using the centre. The committee arranged an evening programme of judo, weight lifting, social clubs and teenage activities. Various projects were developed, e.g. youth club meeting three afternoons per week, with activities such as ballroom dancing, modern jazz, drama, a games afternoon and drum majorettes. The club also organised film shows and held disco dances.

The Senior Club organised social functions, outings and made knitted articles, toys and handwork. They visited sick members and accompanied them to clinics. Close contact was made with principals, teachers and pupils of schools, to eliminate truancy and counselling was made available to pupils with unsatisfactory records. A soup kitchen was held during winter months. The community have planned and held an annual fair to fund-raise for Christmas treats.

An on-going programme to visit new families moving in to the new rented sections of Mitchells Plain at Tafelsig and Eastridge has been undertaken by staff.

Three schools serving these areas have been contacted and counselling has been undertaken. A seniors and housewives club has been established in Tafelsig.

Third year social work students from the University of Cape Town and the University of the Western Cape have been assigned to this section and have completed practical projects under the supervision of staff. During the year an on-going programme of talks by health educators on a wide range of topics has been arranged.

As a result of the co-ordinated efforts made by staff and the community it is evident that there has been a break-through in the initial isolation experienced when families first move into a new area and the various groups formed have combined to forge links and have developed a community spirit in new townships.

MEDICAL EMERGENCY SERVICE – CIVIC CENTRE

A Medical Emergency Service under the direction of the Medical Officer of Health was commenced in June 1982 at the Civic Centre to provide medical emergency help for councillors, staff and members of the public visiting the Civic Centre, in the event of sudden illness or other emergency. This service will also provide for the primary treatment of minor ailments or injuries suffered by members of the staff in order to reduce unnecessary absenteeism.

The emergency system will provide for coverage both during and after normal working hours. During working hours, under properly co-ordinated circumstances, a qualified medical and nursing team can be at any part of the building within five to seven minutes of receiving an emergency call. However, in the case of cardiac arrest, there is only four minutes available before brain death occurs. Therefore, we will continue to have First Aiders on all floors and they will receive training in cardio-pulmonary resuscitation, which could be life-saving.

A fully equipped emergency room (Room No. G/037) has been established in the present Medical Examination Centre on the ground floor of the Podium block. It can be approached by the entrance on Hertzog Boulevard, or under cover, via the parking area on the ground floor. All staff members should make themselves familiar with its whereabouts.

For the primary purpose of cover after hours, a second emergency room has been established adjacent to the Council Chamber on the 5th floor of the Podium block (Room No. 059196) and this will also be available during normal working hours to councillors, visitors and staff working in that part of the building. Keys to this room will be held by the Mayor's staff and the Security branch.

Medical coverage, after normal working hours, will be provided by para-medics, on 4 minutes call from the Central Fire Station.

Medical "Emergency" signs setting out the procedures to be adopted for both "walking" and "serious" cases have been placed at strategic points throughout the Civic Centre, and if all staff will follow the simple instructions, in the event of sudden illness or other emergency, medical attention will be forthcoming within minutes.

In the first six months (from 1982-06-16 to 1982-12-31) the new service has successfully dealt with:-

36 stretcher cases
883 walking cases



CIVIC CENTRE EMERGENCY SERVICE

VI NOTIFIABLE CONDITIONS

As from 24 August 1979, No. R1802 (Government Gazette No. 6628) amended the list of Notifiable conditions and is reproduced in Table VI.1 Page 156.

No cases of Anthrax, Cholera, Lead poisoning, Diphtheria, Leptospirosis, Plague, Rabies, Sleeping sickness (Trypanosomiasis), Smallpox, Tetanus, Toxoplasmosis, Trachoma, Typhus or Yellow Fever were Notified as having occurred in Municipal residents during 1982.

Those cases of Notifiable disease which were Notified during the year are detailed according to race in Table VI.2 Page 156 and are ranked in order of the highest incidence thus:- Tuberculosis, Measles, Primary Malignancy of Bronchus, Lungs and Pleura, Viral Hepatitis, Cerebrospinal Fever, Whooping Cough, Typhoid Fever, Malaria, Acute Poliomyelitis, Brucellosis, Agricultural or stock remedy poisoning and Leprosy.

Notifications are analysed as regards the month Notification was received, and the age of cases in Tables VI.22 and VI.23 Pages 165, 166 respectively.

The 460 deaths due to Notifiable diseases which were registered during 1982 included 270 due to Primary Malignancy of Bronchus, Lungs and Pleura, 154 due to Tuberculosis (all forms), 15 due to Cerebrospinal Fever, 13 due to Measles, 6 due to Viral Hepatitis, 1 due to Malaria and 1 due to Whooping Cough. In 1981, 410 such deaths were registered including 234 due to Primary Malignancy of Bronchus, Lungs and Pleura 152 due to Tuberculosis (all forms), 14 due to Cerebrospinal Fever, 7 due to Measles, 1 due to Malaria, and 1 due to Whooping Cough.

It is difficult to gauge the amount of morbidity occasioned by conditions which are not Notifiable in terms of the Health Act. Measles (ICD code 055); influenza, bronchitis and pneumonia (ICD codes 466, 480-486, 490 and 491); and diarrhoeal disease (ICD code 555, 558, 004, 006-009) cause a significant amount of illness in Cape Town. Discussion on measles immunisation (page 63) and hospitalisation (page 80), influenza and pneumonia mortality (page 26); and diarrhoeal disease mortality (page 26) supports the contention that these remain important conditions locally.

Langa and Guguletu: Cases of Notifiable disease are listed in Table VI.2 Page 156. Apart from 85 cases of Tuberculosis, 11 of Measles, 1 Malignancy and 1 due to Enteric Fever all the other 2 163 Black cases of Notifiable disease resided in either Langa and Guguletu.

TUBERCULOSIS (TB)

Tuberculosis remains the greatest single communicable disease problem in Cape Town; it affects mainly the underprivileged and, despite major effort at control, will remain a problem so long as sections of the Cape Town population remain exposed to infection and to the effects of malnutrition, overcrowding, ignorance, cultural apathy and general socio-economic deprivation. As well as the cost to the patient and his family, both financially and in terms of personal suffering, the costs of the failure to prevent tuberculosis weigh heavily upon tax and ratepayers and justify continually growing expenditure on preventive measures. The amount of ill health due to tuberculosis in Cape Town is gauged by means of the Notification of cases of the disease under the Health Act and is discussed below in terms of Morbidity data. Other sub-sections dealing with Mortality due to Tuberculosis and with Prevention follow.

In discussing the problem of pulmonary tuberculosis as distinct from other forms of the disease it is necessary to refer to all cases infected via, and with the potential to spread the disease by, the pulmonary route. As is noted in the definitions this means that cases Notified on the basis of having 'Mediastinal glandular enlargement on x-ray' must be included as Pulmonary cases; this had not been so prior to 1976 when

such cases were classified as 'other forms - glands'. In the local situation, where bovine tuberculosis is extremely rare, recent conversion to a state of tuberculin positivity is indicative of infection via the pulmonary route (unless the person in fact has been given BCG) and thus cognisance was previously taken of tuberculin positive reactors under the age of five years who have not had BCG, when describing the problem of pulmonary tuberculosis; such cases were included in the pulmonary tuberculosis group from 1976 to 1979, but were not so included in previous or subsequent years owing to the changed Notifiable disease regulation of 1979.

MORBIDITY DUE TO TUBERCULOSIS

The amount of ill health due to Tuberculosis is gauged by study of the Notifications thereof made under the Health Act. The sheer number of such Notifications indicates the sum total of individual suffering and the load placed on health resources; the incidence and prevalence rates usually reflect the similarities or differences in the occurrence of tuberculosis in different population groups or in the same group over different time periods (although it may reflect the case-finding ability of the health service and changed criteria may make comparisons difficult). The importance of Notification cannot be over-emphasised but the validity of data based thereon is nevertheless somewhat impaired by under-reporting and incidence rates based thereon do not indicate the number of new cases by time of onset of infection or disease but only by the time of diagnosis thereof.

A study of the pattern of occurrence of tuberculosis by age, race, sex and corrected diagnosis was published in the 1977 Annual report.

ALL FORMS OF TUBERCULOSIS

Notifications received during the year (Table VI.3 and VI.4 Page 157) showed an increase for Local cases from 2 814 in 1981 to 3 420 in 1982 and imported cases from 305 to 358. There were also 74 cases notified from out of City areas in 1982 compared with 64 in 1981.

Figure 6.1 shows Black and Coloured Notifications by year of age of the patient, there are peaks at 1 year of age in both groups. Tables VI.5 and VI.6 Page 158 show some estimations of the age-specific incidence rates.

Langa and Guguletu: It is to be noted that some Coloured patients gave a Langa or Guguletu address. These cases are not included when calculating incidence rates etc. which have been compiled for Black Langa and Guguletu inhabitants only. (See Table VI.4 Page 157). Of the total of 3 778 Cape Town Notifications, 20,9% were Langa and 28,3% Guguletu residents i.e. 49,2% of all the new cases Notified in this City came from Langa or Guguletu. However, of this total of 3 778 cases some 358 were residents of less than six months standing, i.e. were presumed to have been infected outside the Municipal area. 49,2% of these 'imported' cases were found in Langa, 34,4% in Guguletu and 16,4% in the rest of the City (27% in Blacks; 3% in Whites; and 70% in Coloureds).

PULMONARY TUBERCULOSIS (PTB)

The number of Pulmonary forms notified rose from 2 723 in 1981 to 3 327 in 1982. (See Table VI.7 Page 159). The differences between race groups remained striking i.e. there were for Asians 0,31; Whites 0,17; Coloured 2,84 and for Blacks 13,58 Notifications of Pulmonary Tuberculosis per 1 000 population in 1982. Age-group distribution of Notified cases is shown in Figure 6.2.

Langa and Guguletu: Pulmonary Tuberculosis is of particular importance as it is infectious. Table VI.7 Page 159 reveals that the inhabitants of Langa were the most severely affected, with 25,40 Notifications per 1 000 population in 1982.



MOBILE X-RAY SERVICE

OTHER FORMS

Details of the forms involved are given in Table VI.8 Page 159 and notification rates are detailed for 1982 and the previous four years in Table VI.5 Page 158.

TUBERCULOUS MENINGITIS (TBM) : A decreased incidence of this condition is said to be one of the major benefits of BCG immunisation and to reflect adequate control measures against Tuberculosis. As will be seen from Figure 6.3 Table VI.12 Page 160 the incidence rates per 100 000 population since 1964 for Whites have been very low. In Coloureds much progress has been made. In Blacks the disease has not been well controlled but the main reasons (high exposure to infection, very poor socio-economic circumstances and logistic difficulties in tracking down new births when the mothers are often 'illegally' present) are not easy to tackle.

Langa and Guguletu: Table VI.12 Page 160 indicates the Notifications and deaths and the respective rates per 100 000 population for the various race groups over the past ten years as regards Tuberculous Meningitis. The incidence in Blacks remains unacceptably high. For 1982, the 8 cases Notified in Blacks came from Langa (3) and Guguletu (5).

MORTALITY DUE TO TUBERCULOSIS

In general Mortality due to tuberculosis remained low but it remains a major cause of death in Blacks and to a lesser extent in Coloureds. (See Figures 3.8 and 3.9). The death rates quoted below are the number of deaths due to tuberculosis registered during 1982 per 1 000 of the population indicated. The Mortality of Tuberculosis does not reflect the fate of new cases in any year but rather the terminal stage of infections which could have occurred at any time in the past. It thus reflects past, as well as current, failure to prevent, treat and cure.

ALL FORMS

The death rates due to all forms of tuberculosis combined are summarised in Table VI.9 Page 159 which shows a slow downward trend in the death rate for the population as a whole.

Langa and Guguletu: In Langa the 35 deaths represent a death rate of 149,19 per 100 000 population per year. In Guguletu the 54 deaths represent a death rate of 73,94 per 100 000 population per year. There was 2 Black death due to Tuberculous meningitis in 1982.

Figure 6.1 AGE AT NOTIFICATION OF ALL FORMS OF TUBERCULOSIS IN COLOURED AND BLACK CHILDREN UNDER 15 YEARS OF AGE : LOCAL AND IMPORTED CASES : 1982

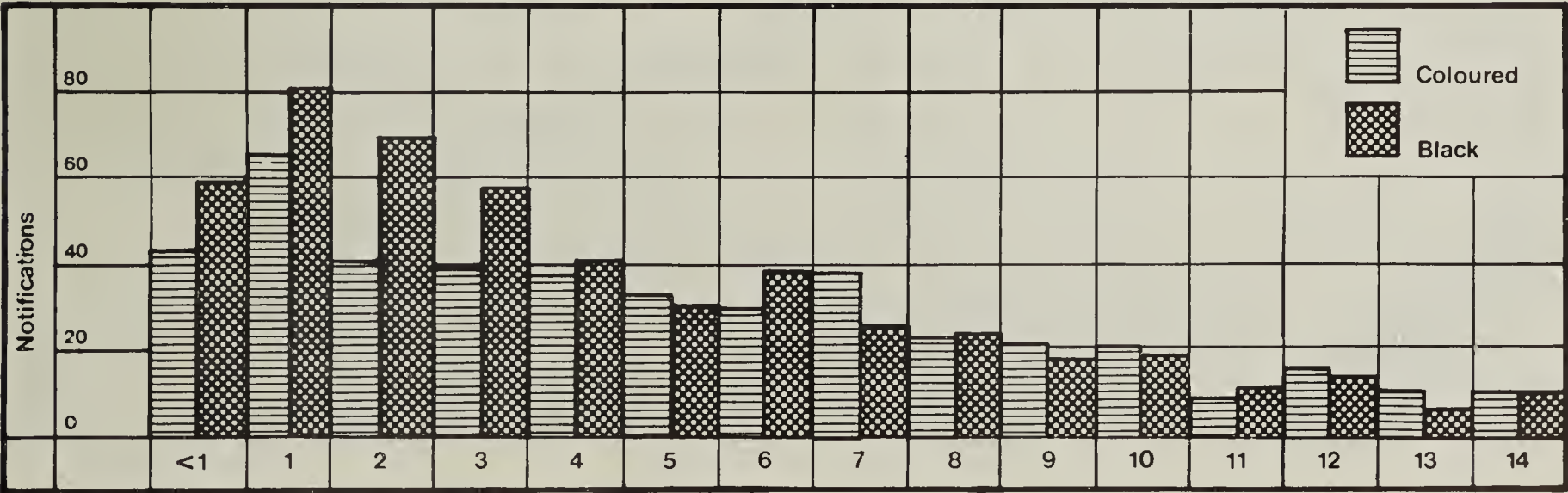
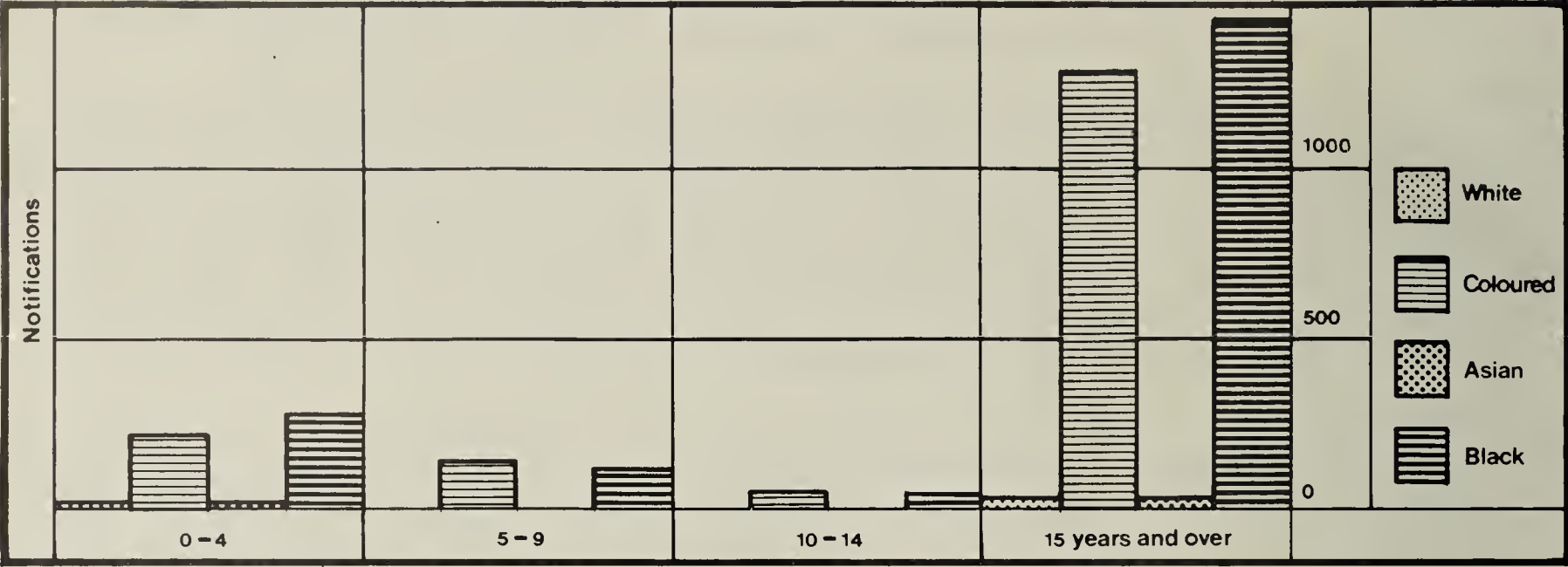


Figure 6.2 LOCAL AND IMPORTED NOTIFICATIONS OF PULMONARY TUBERCULOSIS BY RACE AND AGE GROUP : 1982



PULMONARY TUBERCULOSIS

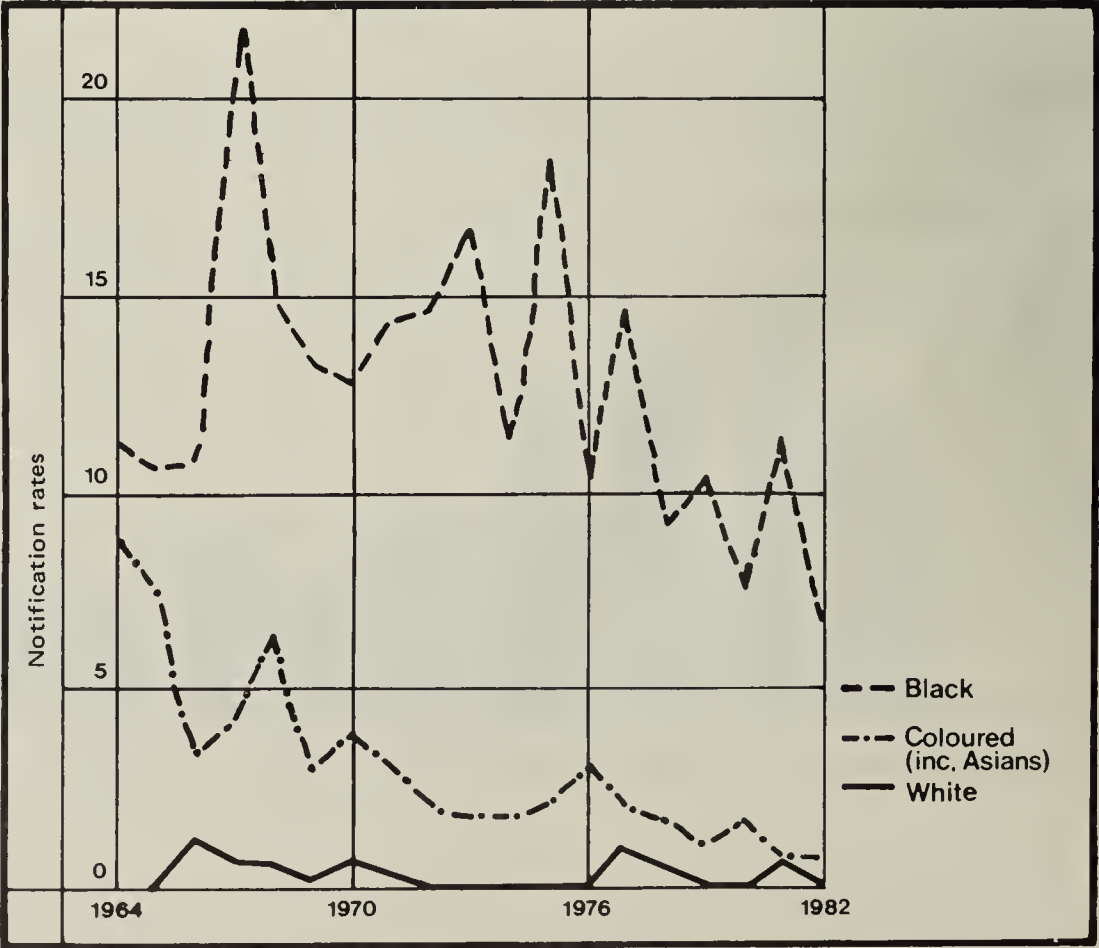
The numbers of deaths and death rates are detailed in Table VI.10 Page 160 for 1982 and the preceding year. Coloured deaths decreased from 66 to 55; Blacks increased from 79 to 86; and Whites from 4 to 7.

The death rates due to Pulmonary Tuberculosis are shown in Table VI.11 Page 160

OTHER FORMS OF TUBERCULOSIS

The number of deaths due to various forms of tuberculosis other than PTB are detailed in Table VI.8 Page 159 for 1982 - it will be seen that tuberculous meningitis is the only other significant cause of death and the number of deaths and death rates due to these deaths are detailed in Table VI.12 Page 160 for 1961 to 1982. In Blacks the deaths for 1982 figure of 1,71 was lower than the ten year average of 4,97 (1973 to 1982), for Coloureds the figure of 0,33 was lower than the ten year average of 0,62, in Whites there was 1 death. Deaths due to TB other than PTB but including TBM are given for 1978 to 1982 in Table VI.11 Page 160.

Figure 6.3 NOTIFICATION RATES PER 100 000 POPULATION OF TUBERCULOUS MENINGITIS BY RACE: 1964 - 1982





DAILY SUPERVISED THERAPY

PREVENTION OF TUBERCULOSIS IN CAPE TOWN

PRIMARY PREVENTION

Nutrition education and general health education regarding the disease are important general measures taken. The infectious pool is continually being renewed by the migrant labour force entering Cape Town from the Homelands and without the abolition of the migrant labour system it is difficult to envisage how this situation can be improved. Until the socio-economic status of the depressed classes of Cape Town society is improved, particularly in respect of housing and nutrition, concerned health officials must continue to strive to secure such relief. Specific protection of up to 80% of previously unexposed persons can theoretically be obtained by means of immunisation with BCG vaccine (Bacille Calmette - Guérain) and this is offered free in terms of the compulsory regulations mentioned on page 62. In 1982, 30 885 school children, 22 260 pre-school children, and 1 867 others were given such protection as part of the mass immunisation programme.

Langa and Guguletu: In 1982, 3 574 BCG vaccinations were carried out in Langa and Guguletu.

SECONDARY PREVENTION

DIAGNOSIS: Efforts to diagnose cases of tuberculosis as early as possible are directed mainly at those groups in the community most likely to be affected, namely those who have been in contact with known cases and those who have suspicious symptoms. In addition mass screening for tuberculosis was performed. Suspects are referred to the City Health Department by many different health services, private and public. The fate of persons attending City Council clinics as suspects is detailed in Table VI.13 Page 161, 20% of all such suspects were Notified after investigation. Contacts comprise the most important high risk group to be investigated and in 1982 there were 10 717 such contacts investigated at City Council clinics of whom 3,4% were later Notified as cases of Tuberculosis. Two White contacts were later Notified, (0,76%) compared with 3,50% of contacts of other races. Staff in contact with cases of active tuberculosis are subject to regular routine screening. Mass x-ray screening facilities continued to be offered at the Chapel Street Clinic as a free service to Municipal residents and at Langa as a free pre-employment screening service operated on behalf of the Administration Board. However, in line with modern practice, routine annual screening for all is no longer encouraged but emphasis is now placed on pre-employment screening and checks on high-risk groups. The work done at Chapel Street is summarised in Table VI.14 and VI.15 Page 161 and at Langa in Table VI.16 Page 162. Although the case-finding yield per hundred thousand x-rays is relatively small, 6,1% of all notified cases were discovered in 1982 by this means. Out of a total of 45 244 examinations at Chapel Street, 158 cases of active pulmonary Tuberculosis were discovered, however 23 were previously known which leaves a 'new case' discovery rate of 135/45 244 examinations or 0,30%. These Notifications however accounted for 3,57% of all (local and imported) notifications received during the year.

Langa and Guguletu: Of all 21 961 persons screened only 0,44% were discovered to be new cases of Pulmonary Tuberculosis in 1982 (contributing 2,54% of the total Local and Imported Notifications). A further 0,02% were previously known cases. 1 116 persons were recalled because of the need for further examination.

TREATMENT: Uncertainty regarding funds and supplies of anti-tuberculosis drugs by the Central Government once more made the task of the clinic staff difficult and were very much regretted. Short course chemotherapy was introduced in March 1983 with the first-line treatment of choice being 6 months of Isoniazid, Rifampicin and Streptomycin with 2-6 months of Pyrazinamide. For cases unable to attend for injections Ethambutol was substituted for Streptomycin.

A review of the records of 609 patients who should have completed their course of treatment by November 1983 revealed that 53% had been timeously cured but that some 33% had attendance records below the accepted limits of 75% and could be regarded as failures due to non-compliance. Some of the latter group will no doubt still be cured but it is true that the factors influencing non-compliance are VERY DIFFICULT to control in an out-patient situation. The old Public Health Act made provision for the compulsory hospitalisation of patients but this is no longer feasible. Apart from the 23 572 visits made by the public health nurse for Tuberculosis, a further 1 988 default letters were sent to patients for non-attendance.

Hospital admission is usually restricted to cases where the patient:- (a) Has moderately severe symptomatology (high fever, severe weight loss and weakness, haemoptysis) which require a period of bed rest, provided that the patient himself agrees that he feels the need for rest. (b) Has an associated condition which would be better treated in a hospital, especially if this constitutes an adverse aetiological factor in the causation of Tuberculosis. (c) Has no source of income, no family or friends to care for him and/or no roof to sleep under. Steps to correct such a state of affairs must be set in motion at once (see TERTIARY PREVENTION and social aid below). (d) Is sputum positive and by virtue of occupation or domicile (e.g. resident master at school, nursemaid living-in etc.) would otherwise be placed in close contact with susceptible persons. (This does not apply to persons diagnosed as being sputum positive who continue to live in accommodation occupied by friends or family who have in any event been exposed to infection up until the time of diagnosis).

Every possible step to retain the patient as a functioning member of society needs to be taken and it will be seen from Table VI.17 Page 162 that in 1982 of the 3 327 residents notified as having pulmonary tuberculosis only 784 (23,56%) were admitted to hospitals for commencement of therapy. Of the 350 Notified persons here for less than six months, only 56 (16%) were so admitted. Out-patient therapy was offered to the remainder. Considerable support is needed from the clinic staff to ensure that continuation of therapy is made as simple, easy and pleasant as possible for the patient.

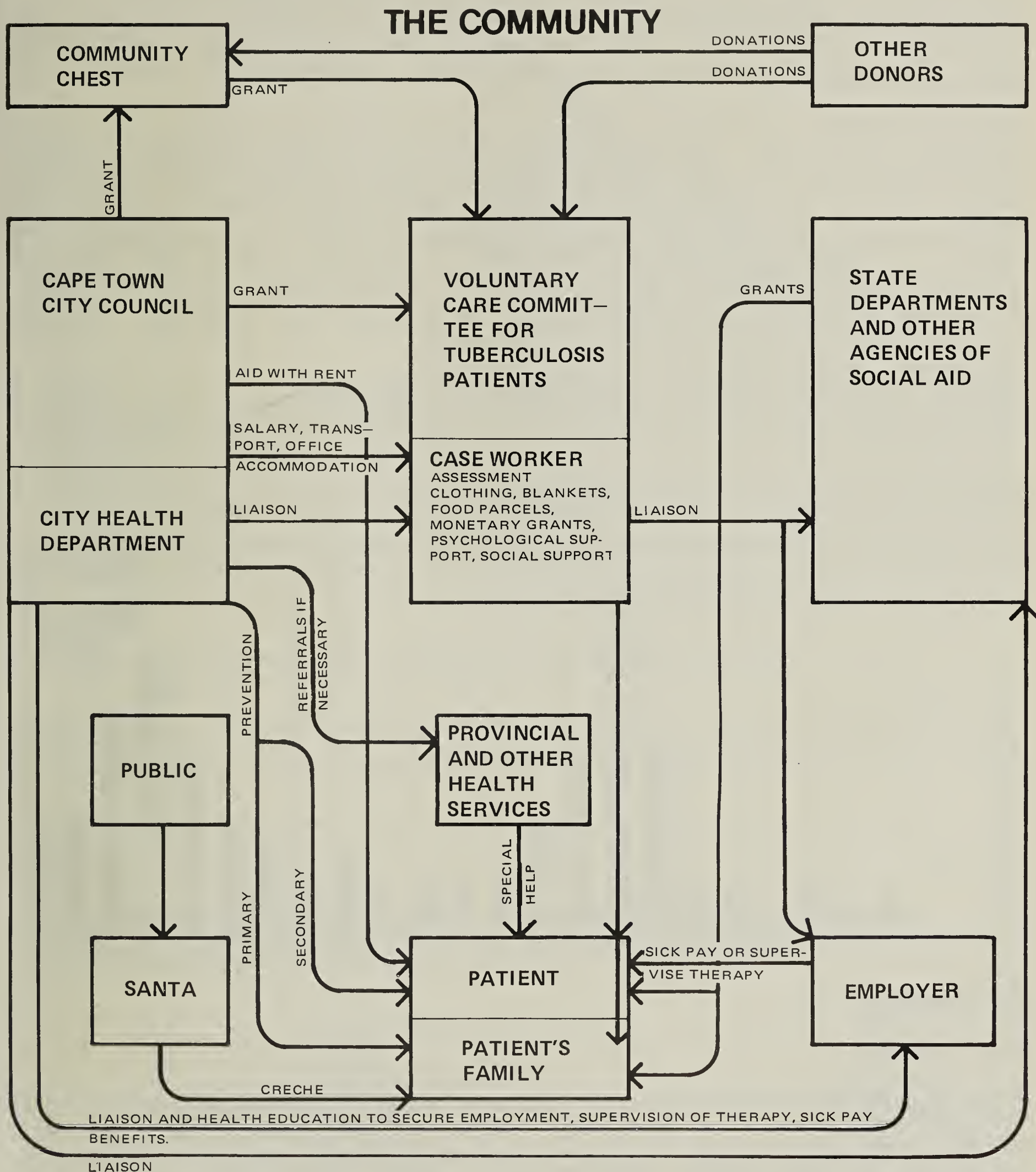
Langa and Guguletu: 32,6% of Langa and 25,8% of Guguletu local cases were admitted to hospital. 2,7% of Langa and 3,9% of Guguletu cases died before treatment could be initiated. 62,2% of Langa and 69,3% Guguletu cases were started on out-patient treatment from the beginning. 6,7% Langa and 3,8% Guguletu cases were lost after diagnosis and not treated.

During 1982 out-patient clinics were held at 17 different centres (see Table VI.18 Page 163 which details new consultations and total attendances thereat) the number of new consultations at the clinics was, at 19 524, 1 872 (10,6%) higher than the previous year, while the total attendances were some 19,6% higher at 82 932 compared with 69 360. The total number of sessions held (see Table VI.18 Page 163) decreased from 1 287 in 1981 to 1 264 in 1982. (The average number of persons attending per session was 69,7 in 1978, 70,1 in 1979, 65,9 in 1980, 53,9 in 1981 and 65,6 in 1982). The spectrum of cases attending for the first time is detailed in Table VI.13 Page 161 and the x-ray workload at the clinics in Table VI.19 Page 163. The place of care of all the new notifications made in 1982 and the reasons why any did not attend the clinics, are detailed in Table VI.20. Page 164.

In respect of local cases:-

It was disturbing to note the large number of persons who were dead on notification - 52 as compared with 51 in 1981, 32 in 1980, 45 in 1979, 24 in 1978, 68 in 1977, 71 in 1976, 52 in 1975, 15 in 1974, 43 in 1973 and 12 in 1972. Also disturbing was the refusal of 1 person to attend the clinic for treatment - compulsion in such cases is hardly likely to be successful when the success of treatment depends so much on patient co-operation. The most disturbing feature of all was the fate of 118 persons notified but who were untraceable or who decamped upon being notified. This problem applied to 4,3% of the notifications of persons giving a Guguletu address, 7,6% giving a Langa address and 2,4% of persons giving another Cape Town address.

Figure 6.4 MOBILISATION OF COMMUNITY RESOURCES IN THE TERTIARY PREVENTION OF TUBERCULOSIS



The problem at Langa is that most of the missing notified cases were persons whose disease was discovered by mass x-rays of a 'pre-employment' nature. These persons very often have no accurate address.

TERTIARY PREVENTION

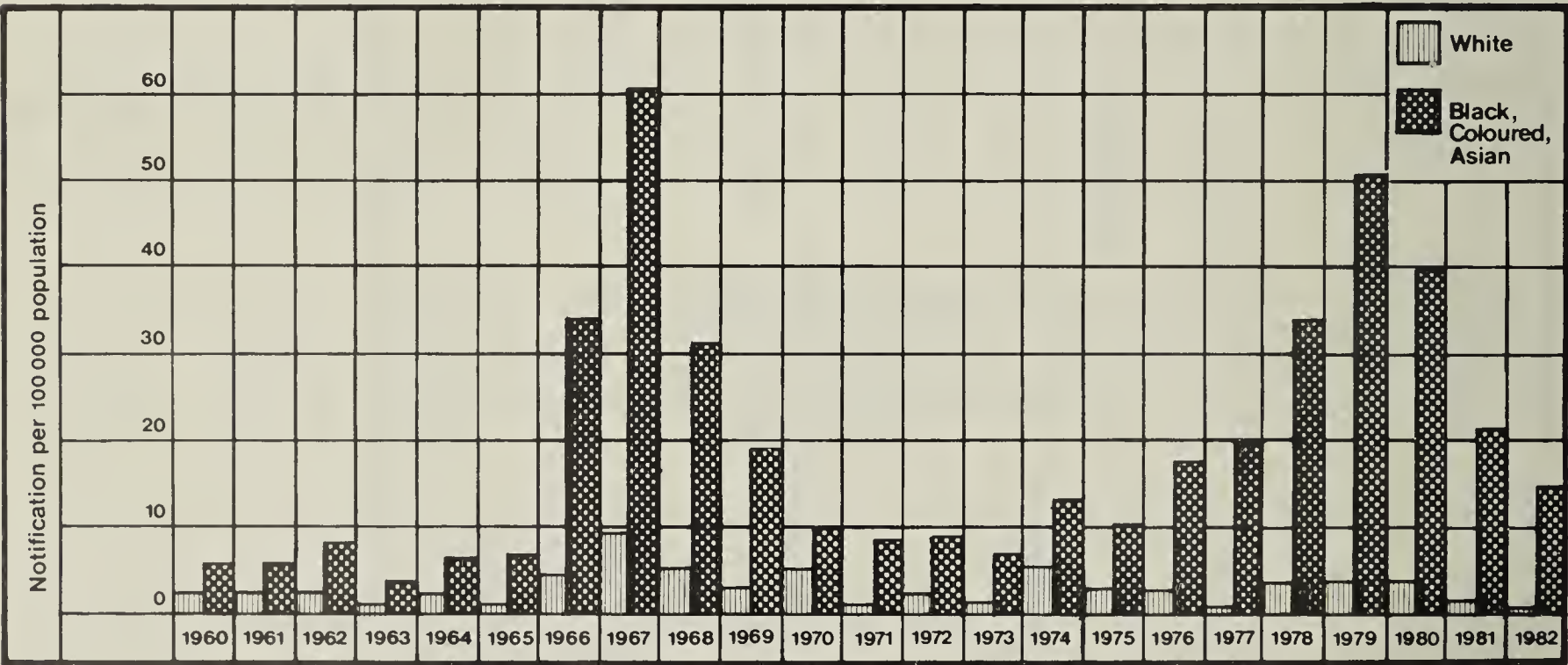
THE PROLONGATION OF MEANINGFUL LIFE: Fortunately tuberculosis is highly amenable to therapy, with the exception of tuberculous meningitis which has a high mortality.

Nevertheless tuberculosis does still result in a number of persons becoming severely handicapped in later life - either as respiratory cripples due to gross pulmonary infection or as decerebrate paralytics, paraplegics, etc., following meningitis. The cost to the individual and his family in terms of human suffering and to the community in terms of hospital costs is not inconsiderable. Mortality from tuberculosis is dealt with elsewhere in this report (Page 73).

TO PROVIDE SUPPORT IN STRESS TO THE PATIENT AND HIS FAMILY AND TO MOBILISE COMMUNITY RESOURCES TO THIS END : While the City Council and its Health Department, refunded for its costs in part by the central government, plays the major role in providing medical care for the patient, this Department concerns itself with the family of the patient as well and also mobilises other community agencies to assist patient and family in non-medical fields of need. (see Figure 6.4). During 1982 the Care Committee for Tuberculosis Patients - a voluntary lay charitable body supported by the Community Chest and of which the Medical Officer of Health is chairman - assisted 1 856 families and the work done is summarised in Table VI.21 Page 164. The SANTA operated creche continue to cater for 55 children.

REHABILITATION OF THE PATIENT IN THE COMMUNITY : This aspect of tertiary prevention commences from the moment of Notification as strenuous efforts are made to avoid hospitalisation and loss of employment.

Figure 6.5 NOTIFICATION RATES OF CEREBROSPINAL FEVER BY RACE: 1960 - 1982



CEREBROSPINAL FEVER

PRIORITY RATING

There was a marked drop (by 36%) in the number of cases of this disease in 1982 (see Figure 6,5 and Table VI.25 Page 168). There were 106 cases amongst municipal residents (compared with 166 in the previous year) being 2 White, 87 Coloured, 1 Asiatic and 16 Black persons (compared with 7 White, 122 Coloured, and 37 Black persons in 1981). The incidence rate per 100 000 population per year fell from 1981 to 1982 in Coloureds (from 21 to 15) Blacks (from 32 to 14); and in Whites (from 2,6 to 0,7). There were 15 deaths in 1982 (compared with 14 in 1981). This represents an increase in death rate per 100 000 population per year from 1,44 to 1,50 and in the mortality of Notified cases from 8,43% to 14,15%. These morbidity and mortality figures indicate a high priority rating for control of this condition. The seasonal variation in Notifications of Cerebrospinal Fever is demonstrated in Table VI.22 Page 165 and Figure 6.6 A and B. Nearly 68% of the number of cases from 1978 - 1982 occurred in the half year June to November, co-inciding with the cooler wetter months, and the same pattern was seen in 1982 (64%).

Figure 6.6A Cerebrospinal fever cases by month of receipt of notification : Monthly totals 1978-1982

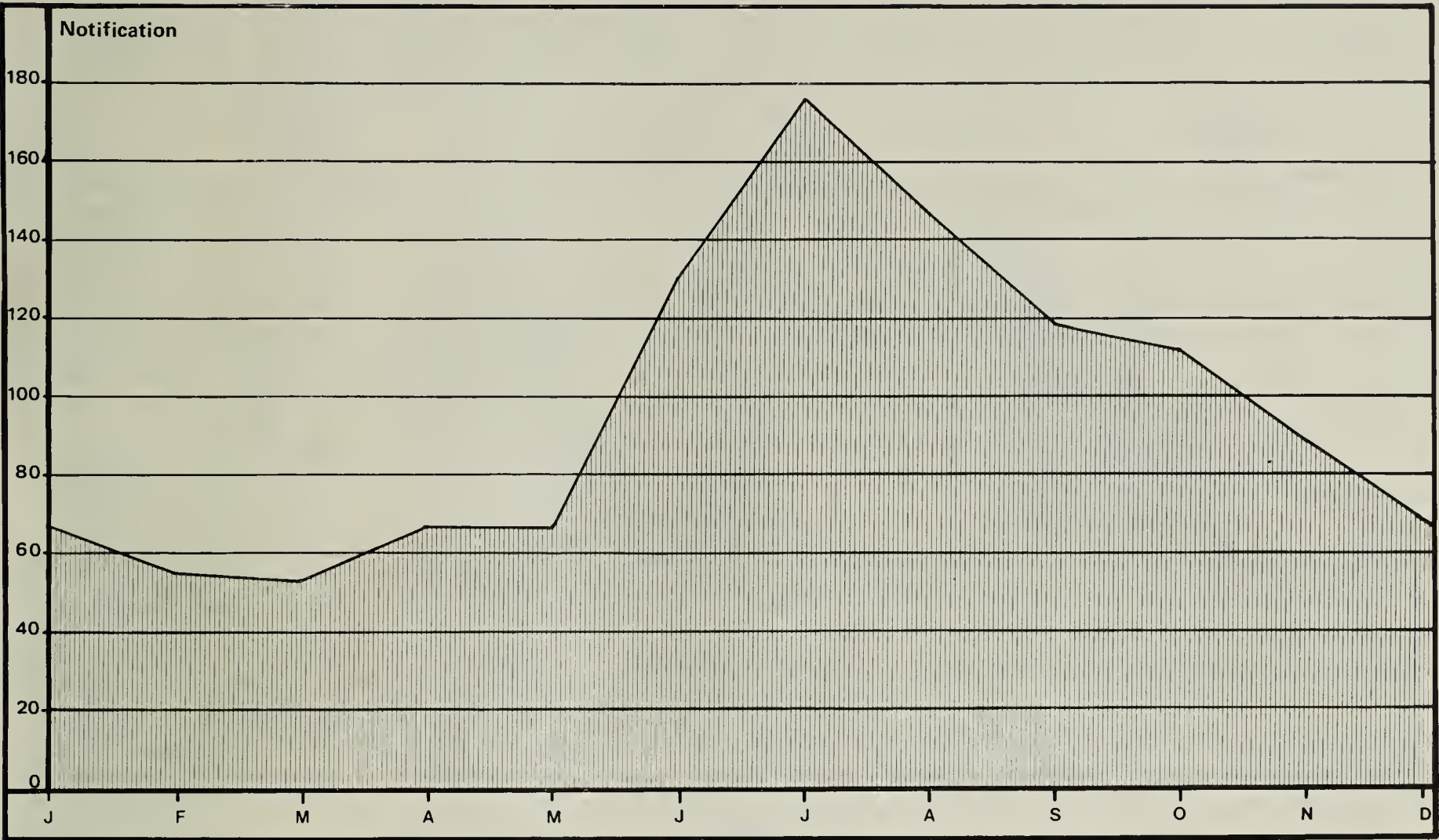
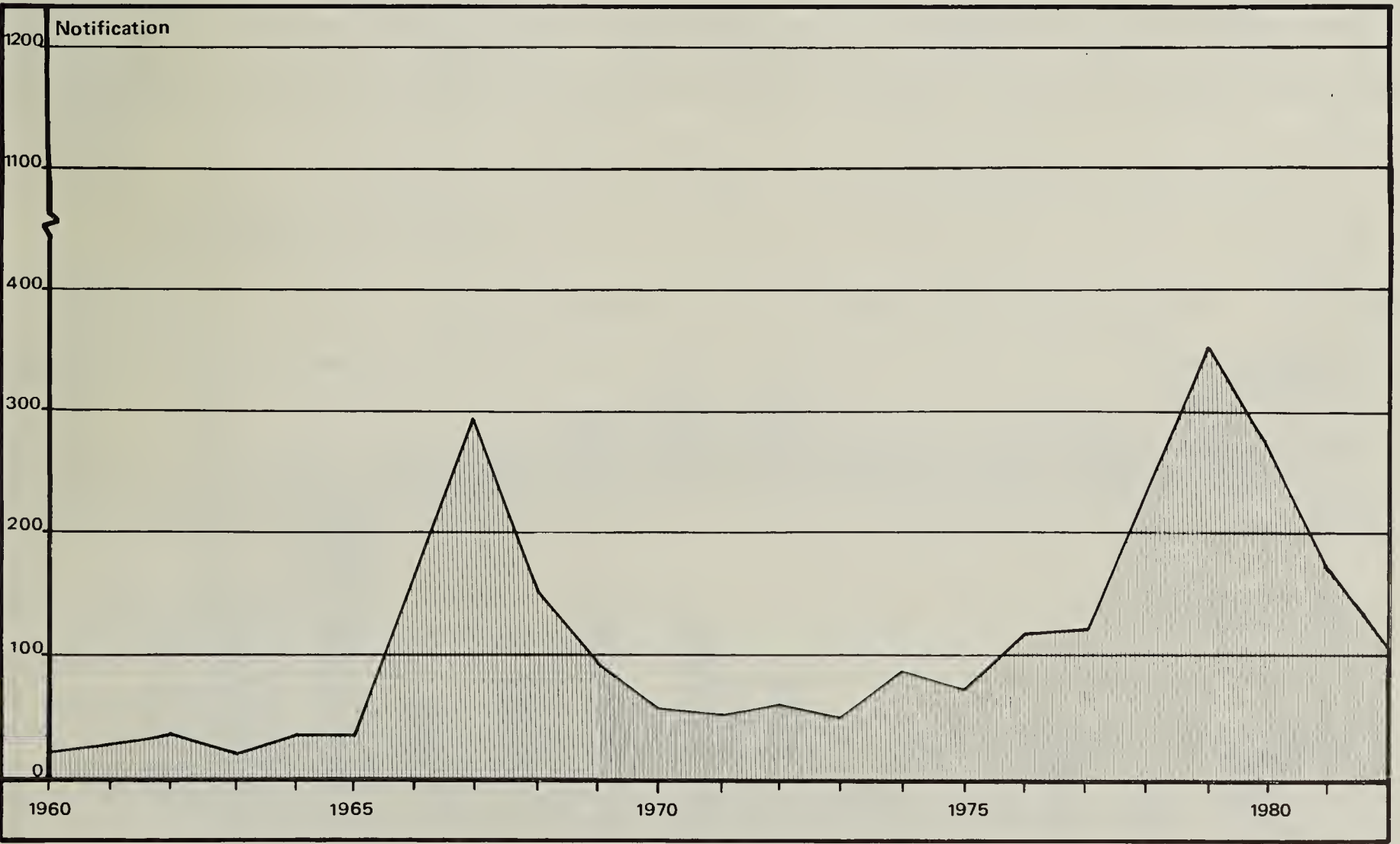


Figure 6.6B NOTIFICATION OF CEREBROSPINAL FEVER FOR THE YEARS 1960-1982



PREVENTION

Overcrowding, especially in colder weather, is unavoidable for large sections of the Community under present housing circumstances. Improved housing standards, unattainably high in the present crisis, are essential to reduce morbidity and mortality from this disease. An urgent plea is made for the acceptance of the basic formula of: (a) Core Housing; (b) Security of tenure and (c) Provision of essential services in suitable areas. Specific measures to prevent the disease developing in the general Community are difficult to apply. Chemotherapeutic prophylaxis is employed promptly and intensively by the City Health Department to protect contacts of notified cases. Liaison with the State Health Laboratory is necessary to detect sulphonamide resistant strains. Careful search for additional cases is made amongst contacts of Notified cases and health education employed to ensure early reporting of any malaise. The institution of prompt and effective therapy is vital to prevent a high mortality, 21 of the Municipal cases were treated at General Hospitals for the whole of their illness (usually because they were too ill to be moved) while 81 were admitted to the City Hospital.

MEASLES

PRIORITY RATING

Measles was made Notifiable on 24 August 1979. The 400 cases reported include City Hospital admissions during 1982. This condition ranked as the second most common Notifiable condition in 1982. Unlike Cerebrospinal Fever where Coloured cases far outnumbered Blacks, Measles was reported more often in Blacks (227 cases) than in Coloureds (165 cases) or Whites (12 case).

There was an increase (by 61%) in the number of admissions amongst municipal residents to City Hospital (159 cases) compared with 99 in 1981. The seasonal and age variation in Notification of Measles is demonstrated in Tables VI.22, VI.23 Pages 165, 166 and Figures 6.7 and 6.8.

The seasonal pattern of admissions is illustrated in Figure 6,9, 42,8% (66,7% in 1981) being admitted in the 6 months April to September. Measles admissions age less than 1 year are illustrated in Figure 6.10 which shows that 40% of Municipal cases were admitted before the age of 7 months (the age for immunisation for 'at risk' children).

PREVENTION

A continuous intensive immunisation programme is being employed (see page 63).

Figure 6.7 MEASLES NOTIFICATIONS BY RACE AND MONTH 1982



Figure 6.8 NOTIFICATIONS OF WHITE, COLOURED AND BLACK WITH MEASLES BY SEX AND AGE GROUPS 1982

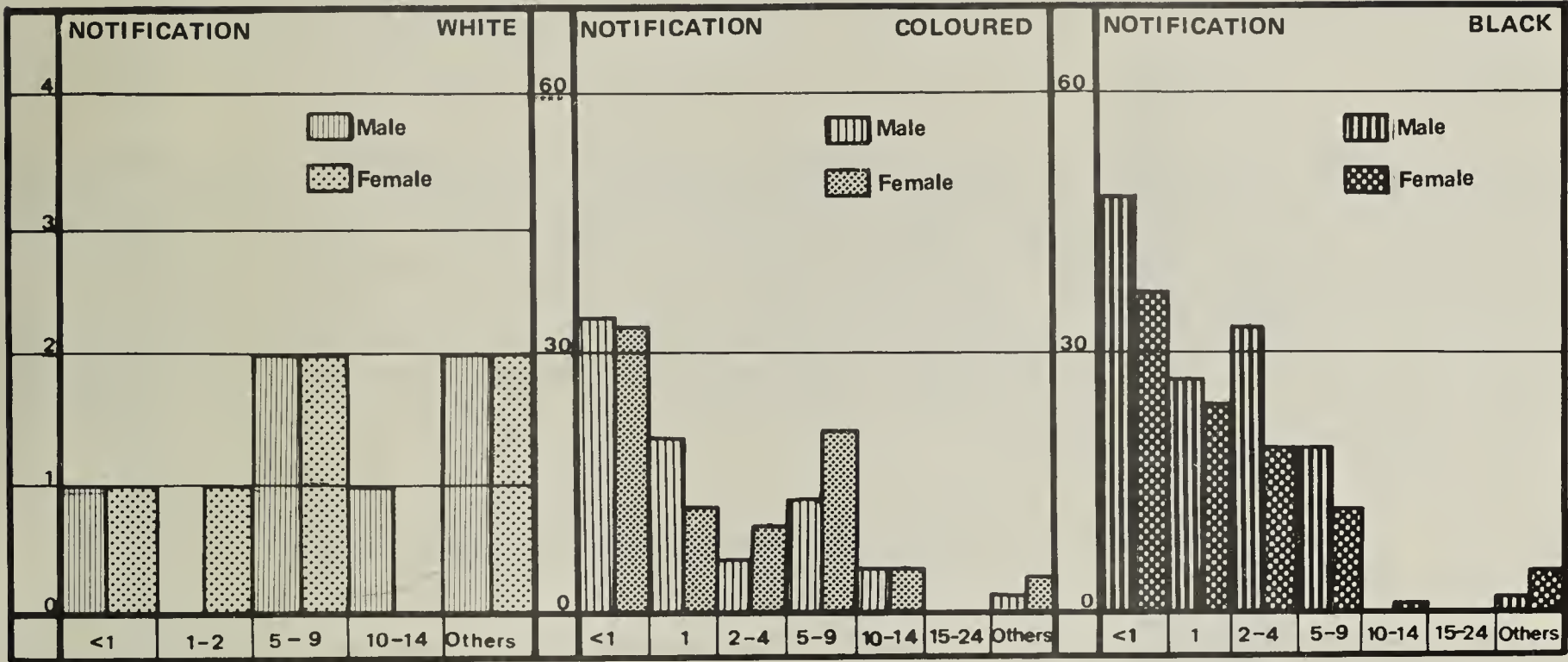


Figure 6.9 MEASLES CASES ADMITTED TO CITY HOSPITAL BY MONTH OF ADMISSION: 1975 - 1982. — NUMBER OF MUNICIPAL MEASLES VACCINEES: 1975 - 1982 -----

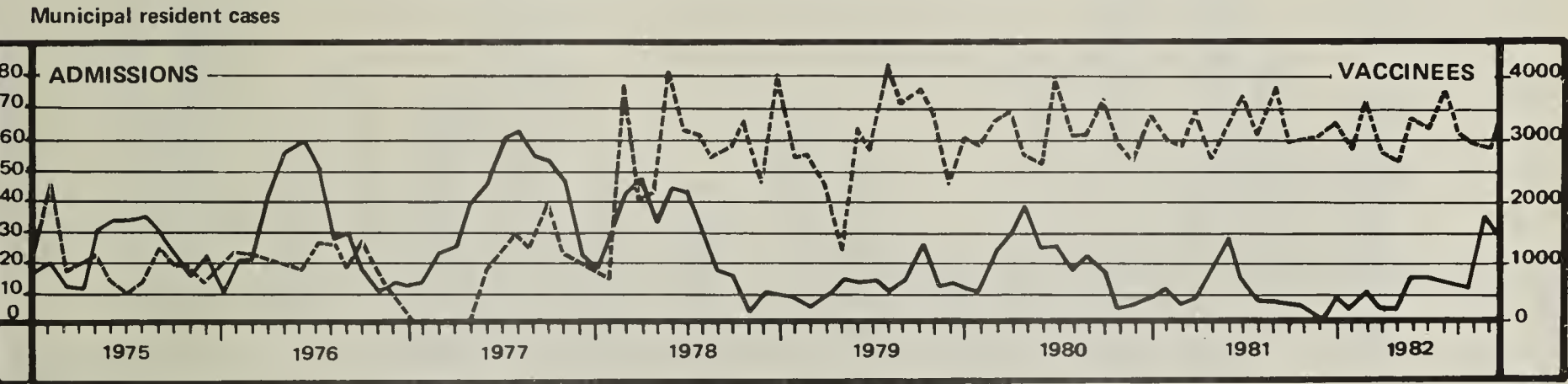


Figure 6.10 MEASLES ADMISSIONS FROM CAPE TOWN CITY AND DIVISIONAL COUNCIL AREAS TO THE CITY HOSPITAL IN 1982 – INFANTS UNDER THE AGE OF ONE BY MONTHS OF AGE



VIRAL HEPATITIS

PRIORITY RATING

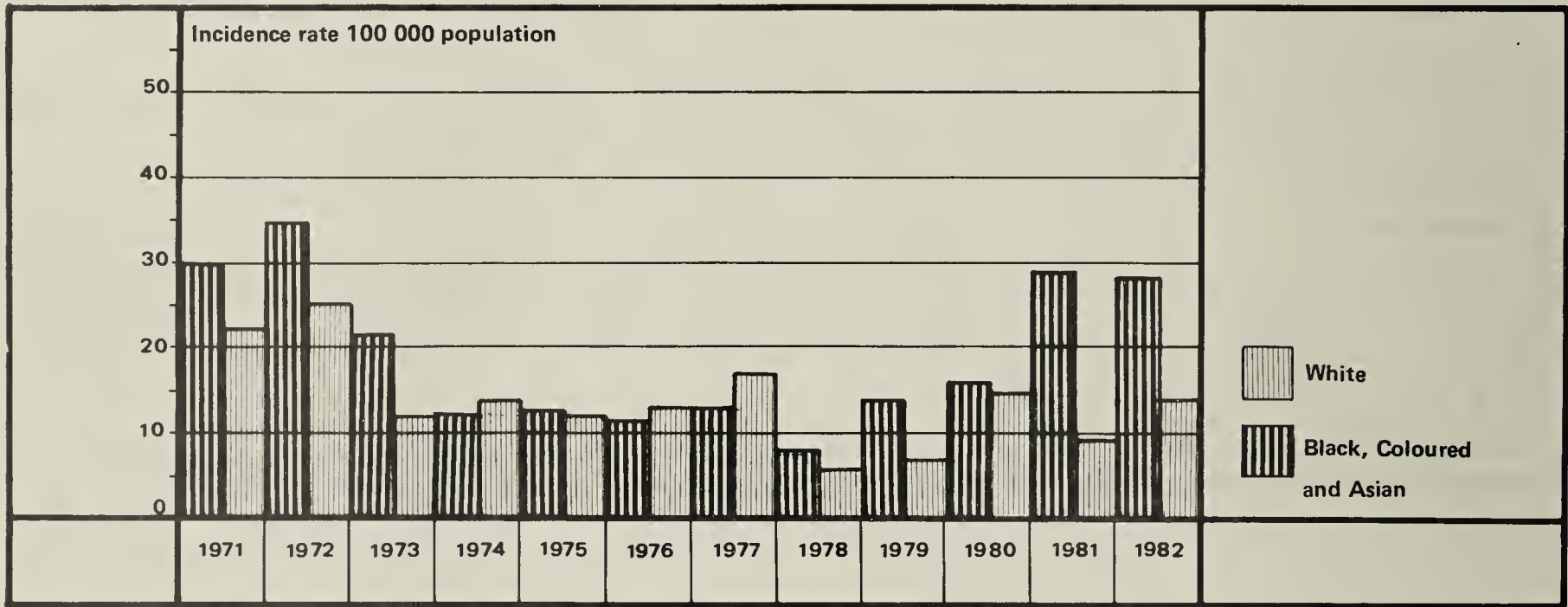
This disease has been Notifiable since 1969-05-30 and it is suspected that many cases are never Notified. The Incidence and Mortality since 1970 is detailed in Table VI.24 Page 167 and Figure 6.11. In terms of morbidity and mortality, Viral Hepatitis ranked fourth in importance amongst the Notifiable diseases in Cape Town in 1982. There were 242 cases (38 White, 174 Coloured, 3 Asiatic and 27 Black) compared with 221 cases in 1981 (24 White, 171 Coloured, and 26 Black). Incidence rates per 100 000 population increased for Whites (from 9 to 14), and for Blacks (from 22,8 to 23,1) and decreased from 29,8 to 29,2 for Coloureds. Six deaths due to Viral Hepatitis in 1982 and in

1981 numbered nil (see Table VI.24 Page 167). Since 1971 there have been a total of 1 685 (459 White and 1 226 Coloured, Black or Asian) cases Notified of whom 48 (8 White and 40 Coloured/Black or Asian) died - a significant mortality of 2,85% (1,7% for Whites and 3,3% for other races combined).

PREVENTION

Infective Hepatitis (Hepatitis A) is usually spread by the faecal-oral route and general measures to prevent it include health education, attention to personal hygiene and control of food handling and water supplies. No Hepatitis A vaccine is available yet although vaccines against Hepatitis B (which is spread parenterally) appear to be successful although expensive. Early diagnosis and treatment is usually a function of other medical services. In 1981 one cases were admitted to City Hospital and 30 cases to General Hospitals and the remainder were treated at home. Admission to hospital is usually because of severity of illness or because the patient lives in an institution with no facilities for isolation.

Figure 6.11 ANNUAL INCIDENCE RATES OF VIRAL HEPATITIS BY RACE GROUP 1971-1982



WHOOPING COUGH

Whooping Cough is a clinical syndrome classically associated with Bordetella pertussis, B. parapertussis and viruses such as adeno-virus. It remains Notifiable locally.

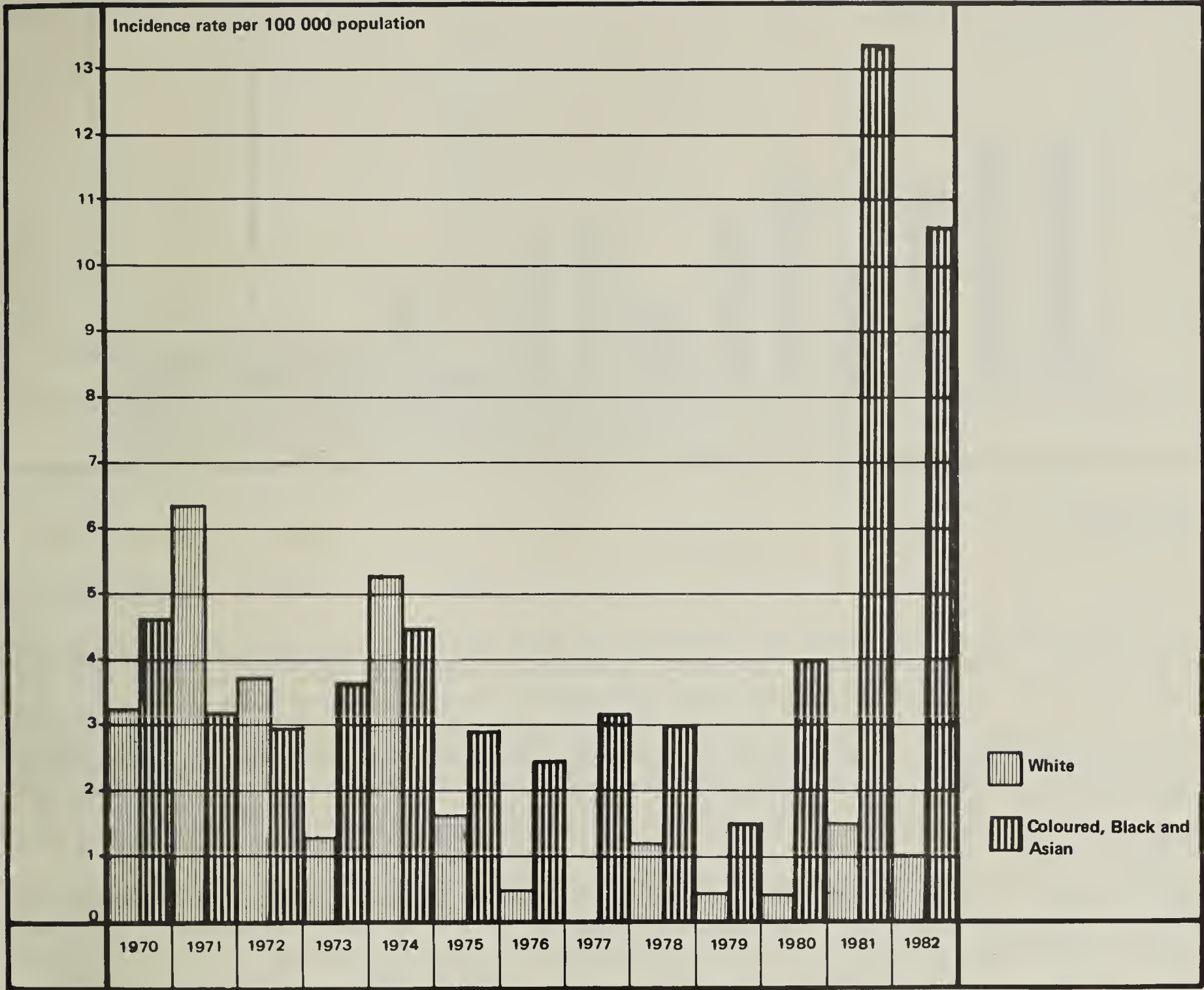
PRIORITY RATING

The pattern of the previous few years (see Figure 6.12 and Table VI.24 Page 167) changed in 1981, with many more cases being Notified (70 Coloured, 23 Black and 4 White) but dropped in 1982 (61 Coloured, 16 Blacks and 3 Whites) giving Incidence rates per 100 000 population per year of 10,25 for Coloureds, 13,69 for Blacks and 1,08 for Whites. There was 1 death due to this disease during 1982 and there have been 14 deaths from 1971 - 1982, (3,76% of the total of 372 Notified cases over the preceding decade).

PREVENTION

Immunisation remains important in Cape Town. Reduction in the risk of infection of other pupils is made possible by excluding patients and contacts from schools. Early diagnosis is made clinically and patients are admitted to the City Hospital as Whooping Cough cases without the necessity for bacteriologic proof of the diagnosis. Treatment with ampicillin or erythromycin, and skilled nursing care, is essential.

Figure 6.12 ANNUAL INCIDENCE RATES PER 100 000 POPULATION OF WHOOPING COUGH BY RACE GROUP 1970-1982



TYPHOID FEVER

PRIORITY RATING

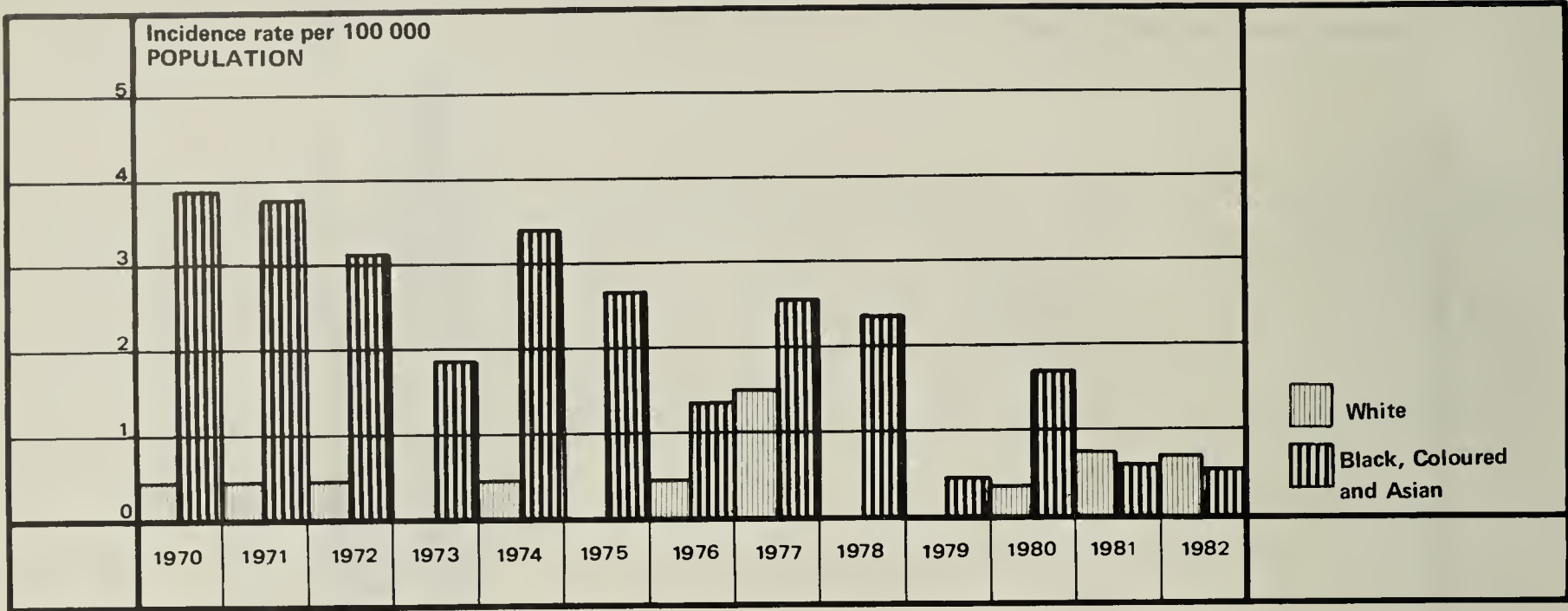
There were 10 local cases of which 4 were an imported infection.

The mean local incidence rate per year per 100 000 for the decade 1973 - 1982 was 0,42 for Whites and 1,76 for all other race groups combined. (See Table VI.24 Page 167 and Figure 6.13). There was no death in 1982 and of the 116 cases notified in the previous decade only 2 died (1,72%).

PREVENTION

The pillars of Typhoid prevention are proper sewage disposal, a pure water supply and strict control over milk and dairy products. The housing shortage in Cape Town leaves some areas e.g. Squatter camps, in danger and constant vigilance is needed here. Specific protection can be obtained to some extent by immunisation but vaccines are not 100% successful and are not recommended in epidemic control. Exclusion of cases and contacts from food-handling and institutions reduces the risk of spread and an active search for new cases and carriers is made amongst contacts of Notified cases (no carriers were diagnosed in 1982). A full record of all carriers is maintained and they are kept under observation.

Figure 6.13 ANNUAL INCIDENCE RATE OF TYPHOID FEVER BY RACE GROUP
1970-1982



DIPHtheria

PRIORITY RATING

This disease has been so tamed by immunisation that Notifications have fallen from 770 cases in 1940/1941 to no cases in 1982 (there were 2 carriers Notified). The fall in Notifications over the past twenty years is dramatic enough (Figure 6.14).

There were no deaths in 1982 and of all the 41 cases Notified from 1973 - 1982 only 4 died (9,76%). Deaths since 1916 are illustrated in Figure 6.15. Notifications and Deaths for 1982 and the preceding decade are detailed in Table VI.24 Page 167.

PREVENTION

The big danger of a resurgence of this disease lies in parent complacency. The Child Welfare staff constantly seek to ensure that every child is fully immunised - nothing less is satisfactory. Details of immunisation are to be found on page 62 and in Table V.10 Page 144. Cases, contacts and carriers are excluded from institutions to prevent spread. Early diagnosis is essential. Antitoxin is given when any doubt exists because of the serious consequences of delayed therapy.

Figure 6.14 ANNUAL NOTIFICATIONS OF DIPHTHERIA, ALL RACES 1960 TO 1982

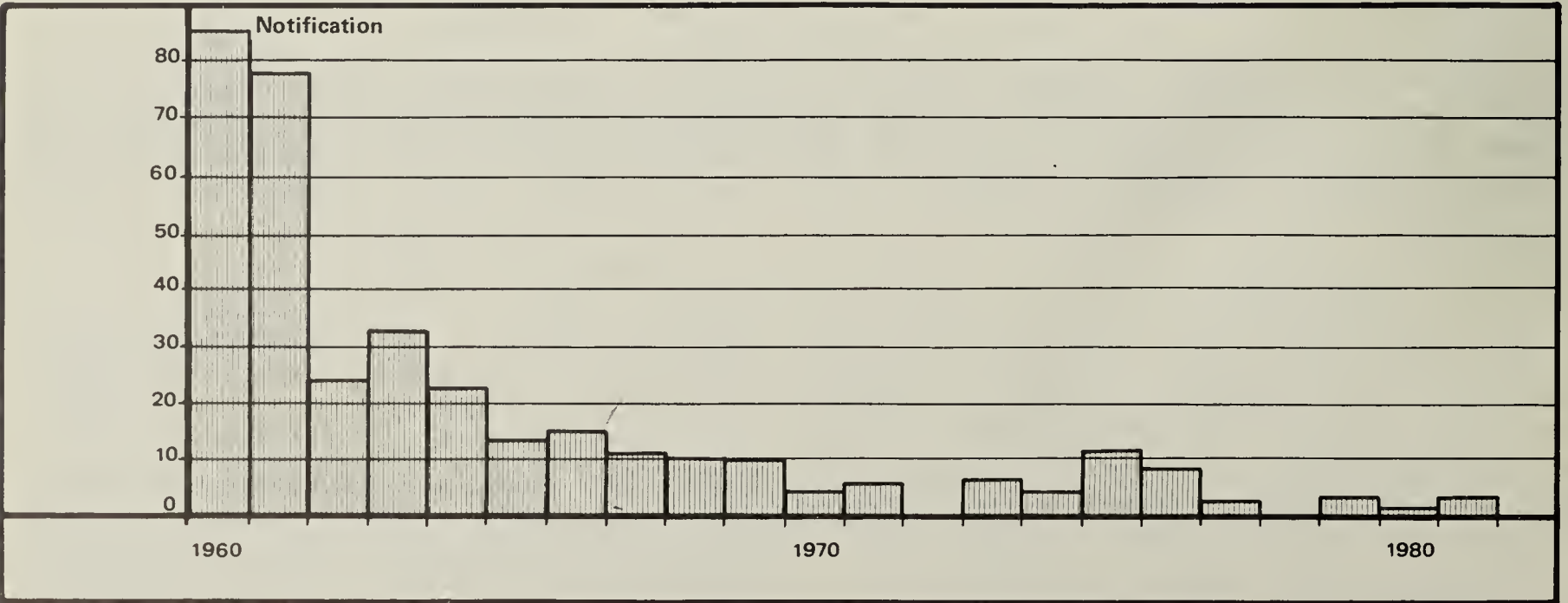
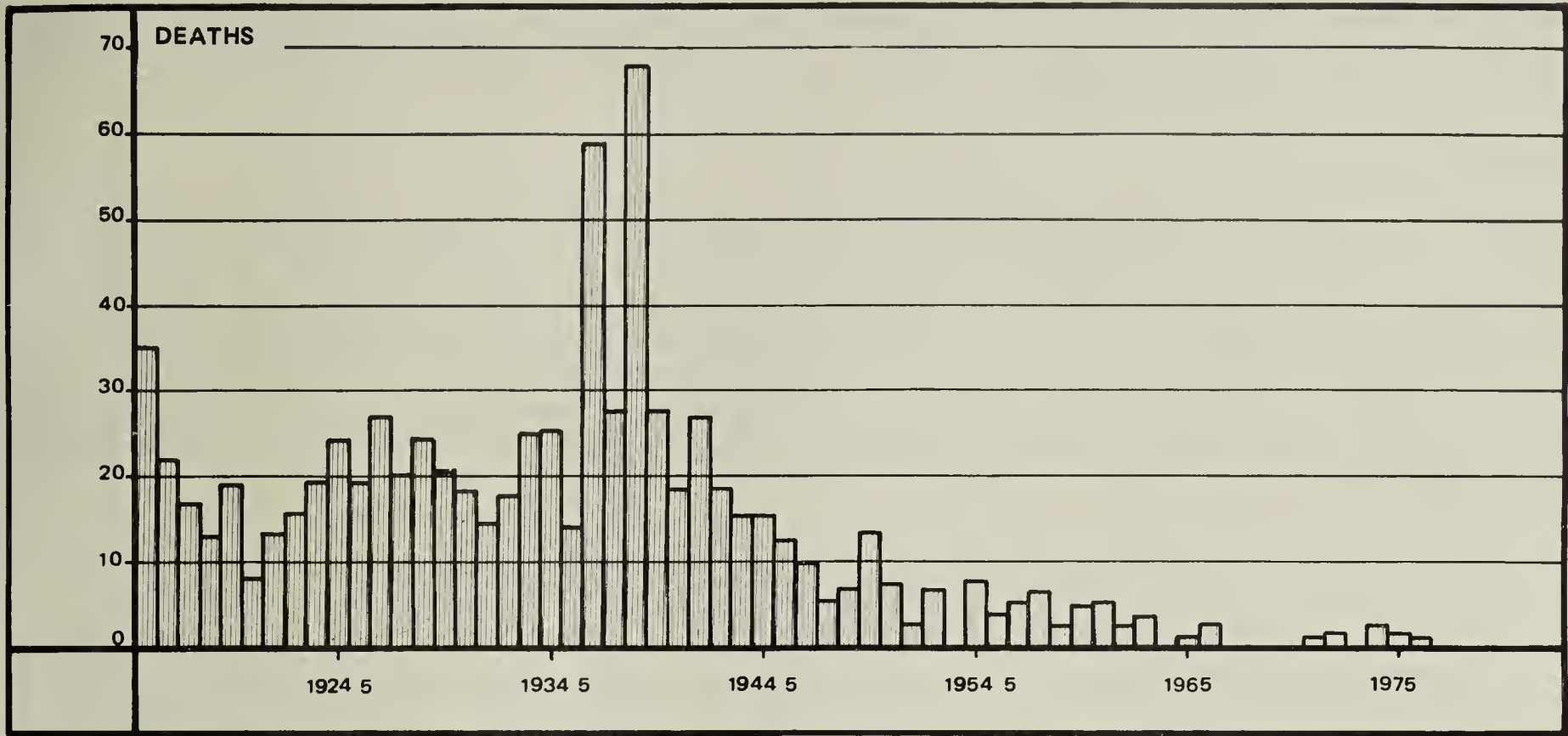


Figure 6.15 ANNUAL TOTALS OF REGISTERED DEATHS DUE TO DIPHTHERIA 1915/16 - 1982



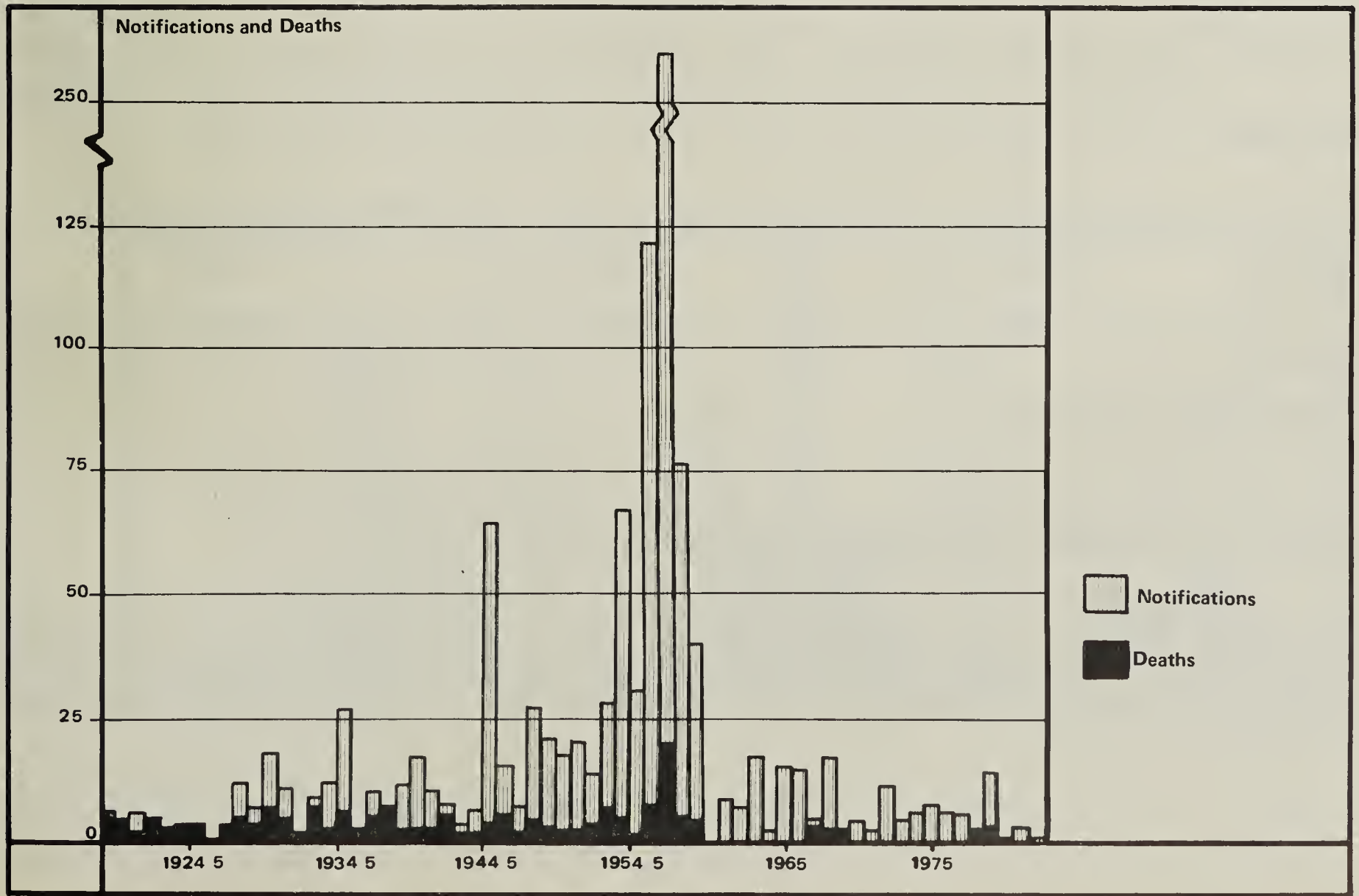
POLIOMYELITIS

(Acute anterior poliomyelitis)

PRIORITY RATING

There was 1 case Notified in 1982, compared with 2 cases in 1981.

Figure 6.16 NOTIFICATIONS AND DEATHS FROM ACUTE POLIOMYELITIS 1918 - 1982

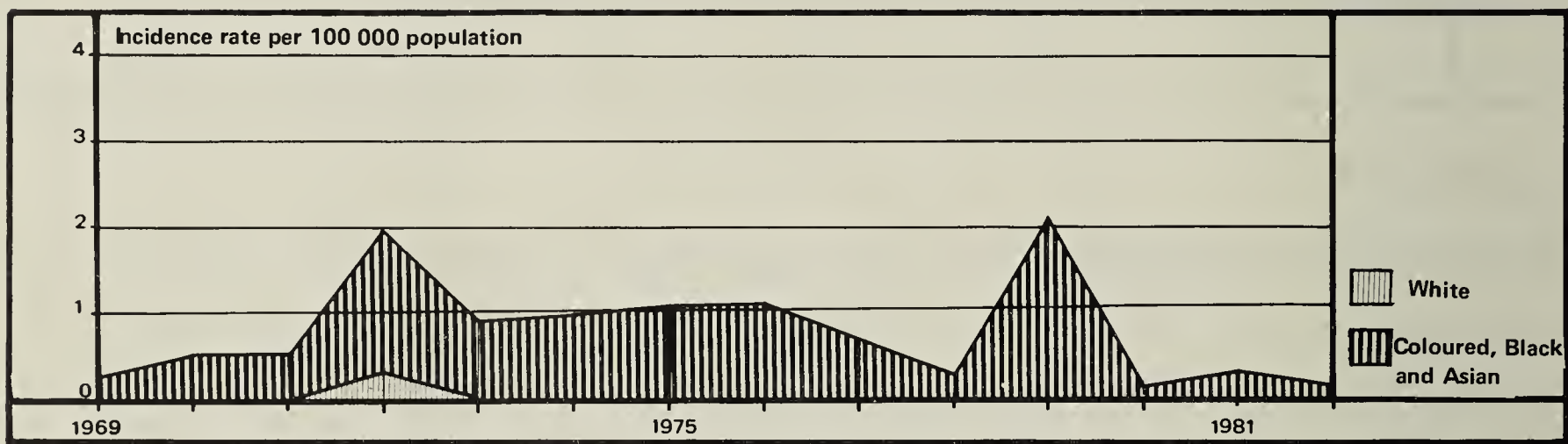


The occurrence of poliomyelitis in Cape Town since 1918 is illustrated in Figure 6.16 and the incidence rates per 100 000 population 1969 - 1982 in Figure 6.17 Table VI.24 Page 167 details Notifications, incidence rates and deaths for 1982 and the preceding decade. There were no deaths in 1982 and of the 43 cases Notified over the decade 1973 - 1982 only 1 died (2,3%).

PREVENTION

Specific protection by means of the live attenuated oral polio-vaccine has been the mainstay of preventive measures since 1961. Details are contained in Table V.10 and see page 61. The practice of giving four doses of oral vaccine in the primary programme was resumed in 1978 at the request of the State Health Department and three initial doses with a booster dose at 18 months and again in Sub-A were given as a routine during the year under review. Poliovirus is ubiquitous in the Community and isolation of cases does little to prevent spread. Contact follow-up and immunisation are important.

Figure 6.17 ANNUAL INCIDENCE RATES OF ACUTE POLIOMYELITIS 1969-1982



BRUCELLOSIS

There was 1 case (White) Notified in 1982 (compared to 1 in the previous year). There were no deaths.

MALARIA

There was 1 imported case (1 White) Notified in 1982. There was 1 death.

LEPROSY

One Black Male was admitted in November, but had not definitely contracted his disease locally.

INSECTICIDAL POISONING

One Black Female was Notified in February. There were no deaths.

PRIMARY MALIGNANCY OF BRONCHUS LUNGS AND PLEURA

270 Cases become known to the Department through the Deaths Returns, 275 cases were reported - 108 Whites, 142 Coloureds, and 25 Blacks. The seasonal and age variation in Notifications are demonstrated in Tables VI.22 and VI.23 Pages 165 and 166 and in figures 6.18 and 6.19. Further details on mortality due to these carcinomas have been discussed on page 22.

Figure 6.18 PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA NOTIFICATIONS BY RACE AND MONTH 1982

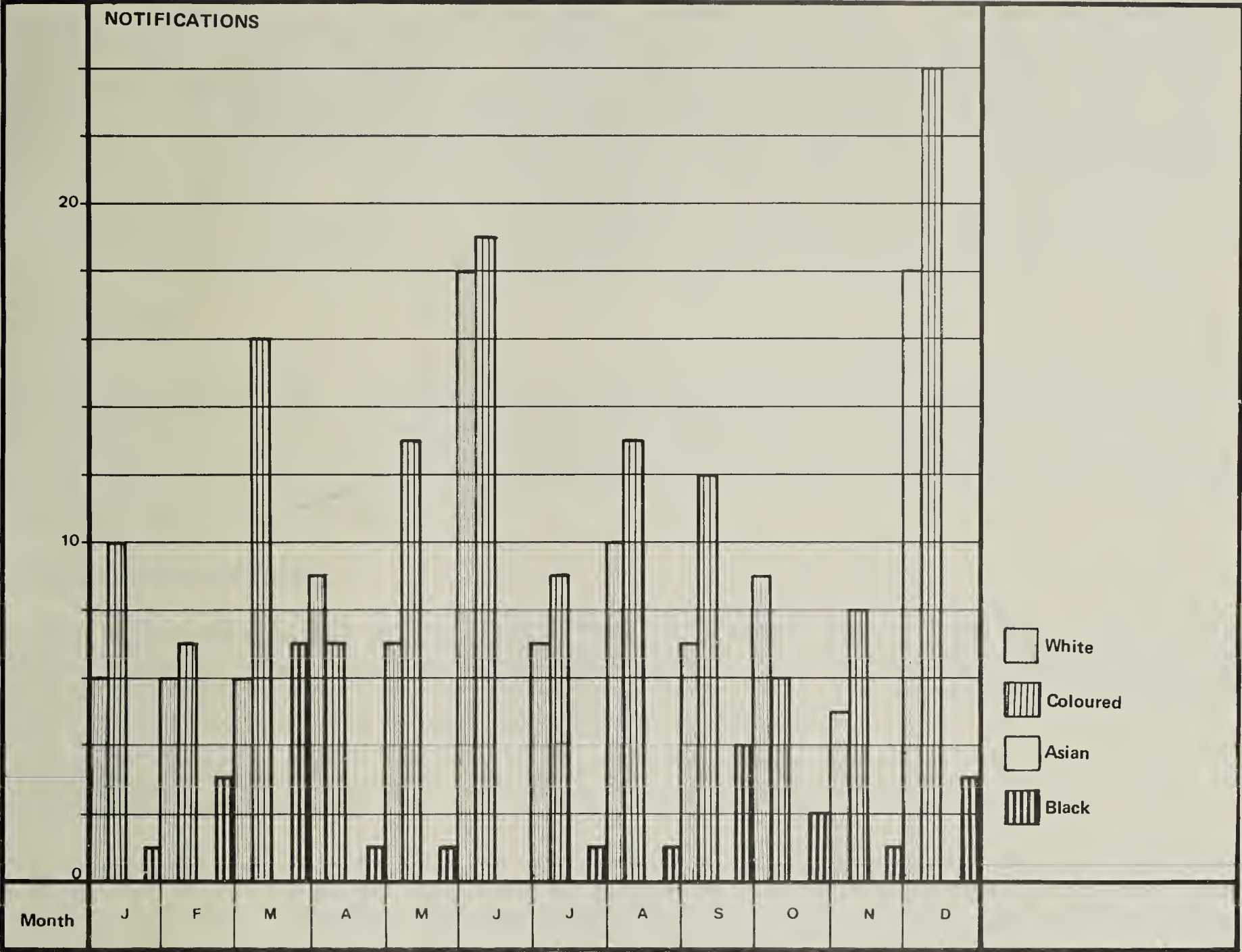
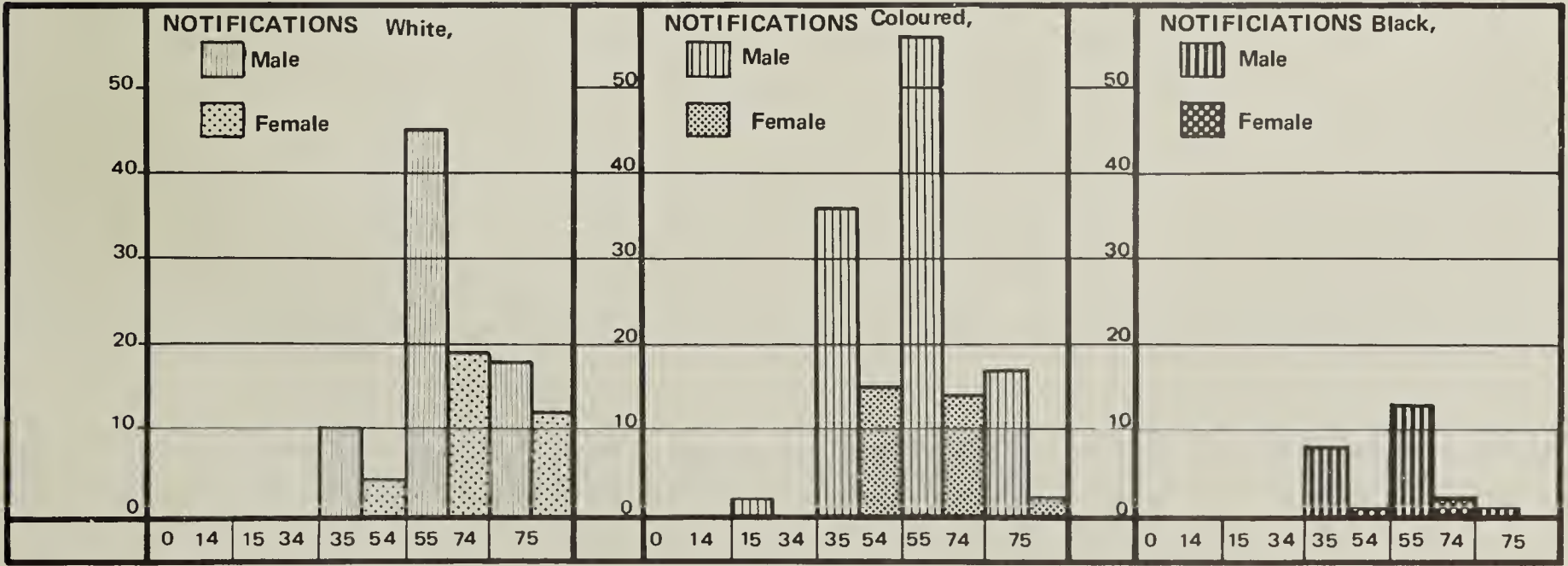


Figure 6.19 NOTIFICATIONS OF WHITES, COLOURED AND BLACKS WITH PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA BY SEX AND AGE GROUPS 1982



OTHER NOTIFIABLE DISEASES

There were no cases of anthrax, cholera, Lead Poisoning, plague, sleeping sickness (human trypanosomiasis), smallpox, rabies trachoma, typhus, or yellow fever Notified in municipal residents over the decade 1972 - 1981 or in 1982. Although there were no cases of the following diseases in 1982 there have been, in the decade 1972 - 1981, 46 cases of Diptheria, 22 cases of Tetanus, and, 1 case of Toxoplasmosis. (See Table VI.26 Page 168).

VII OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1982 the work was carried out by medical practitioners with the co-operation of the District Nursing Organisation of the Cape Provincial Administration. Arrangements for the supply of medicines etc. are made with local chemists. During the year 3 applications for free medical attention were received.

FREE BURIALS

The Public Health Act places upon the local authority the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon local authority, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the council. In the year the number of such burials was 111.

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and for admission to the municipal pension fund are carried out by the department. During the year 6 161 attendances were recorded as on Table VII.1 Page 169. The Department also provides medical attention for Fire Brigade and Traffic personnel.

CLEANSING STATION (SCABIES AND PEDICULOSIS)

The cleansing stations at Athlone are provided for the disinfection of verminous persons and their clothing. They are in charge of a clinic assistant, who works under the supervision of a medical officer and has two assistants. The work consists mainly of the treatment of scabies, pediculosis and impetigo. The attendances in the year under report were as in Table VII.2 Page 169. Scabies is also treated where necessary at the child welfare centres in other areas.

DEFINITIONS

BIRTHS

N B : Both the following Rate fractions are multiplied by 1 000.

Birth rate (BR) = Number of live births during the year \div midyear population.

Still birth rate (SBR) = Number of still births in the year \div total live and still births in that year.

DEATHS

"Uncorrected Deaths" = deaths registered during the year as having occurred in the Municipality of Cape Town, including inward transfers of deaths of municipal residents which took place outside the Municipal area.

"Corrected Deaths" = deaths as above but minus the outward transfer of non-resident deaths which took place in the Municipality of Cape Town.

"Crude Death Rate" = number of deaths during the year \div Mid-year population.

"Infant Mortality Rate" (IMR) = number of deaths of infants aged less than 1 year \div Total Live Births in that year.

"Perinatal Mortality Rate (PMR) = number of still births and deaths of infants aged less than one week during the year \div Total live and still births during that year.

"Early Neonatal Mortality Rate" = number of deaths of neonates aged under 7 days during the year \div Total live births in that year.

"Late Neonatal Mortality Rate" = number of deaths of neonates aged 7-28 days \div Total live births in that year.

"Post-neonatal Mortality Rate" = number of deaths of infants aged over 28 days but less than one year during the year \div Total live births in that year.

TUBERCULOSIS (TB)

"Incidence of Tuberculosis" = the number of notifications received per year per 1 000 of the population.

"Local cases" = persons resident in the Municipal area of Cape Town for at least six months prior to notification as TB cases.

"Imported cases" = persons resident in the Municipal area of Cape Town for less than six months prior to notification as TB cases.

"Out of City cases" = persons not resident in the Municipal area of Cape Town at all but whose tubercular illness was made known to the City Health Department because of local diagnosis of the condition or because of the entry of such patients to the Municipal area for purposes of treatment.

- "Municipal area of Cape Town" = includes the Bantu Administration Board, Western Cape, area of Langa and Guguletu.
- "Pulmonary Tuberculosis" = in the years before 1976 this has included only tuberculosis obviously affecting the lungs and pleura.
- From 1976 to 1979
- the term was used to describe tuberculosis of the lower respiratory tract, pleura and pulmonary lymphatic drainage system as well as recent tuberculin converters, such as tuberculin positive reactors under the age of five years who have not had BCG. The latter group was dropped from the schedule of Notifiable diseases in August 1979.
- "Other forms of Tuberculosis" = means all forms other than pulmonary.

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TABLES

TABLE A

Summary of Vital Statistics : 1982

Area: 30329,80 hectares

	WHITE		COLOURED		ASIANS		BLACKS		ALL RACES	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Total population	277040		594940		12990		116900		1001870	
Notified Live Births	2908	10,50	15922	26,76	129	9,93	4559	39,00	23518	23,47
Registered Deaths	2320	8,37	3639	6,12	67	5,16	1104	9,44	7130	7,12
Natural Increase	588	2,13	12283	20,64	62	4,77	3455	29,56	16388	16,35
Infant Mortality	34	11,69	334	20,98	5	38,76	169	37,07	542	23,05
(Death under one year)										
Maternal mortality							1	0,22	1	0,04

II – SOCIAL GEOGRAPHY

Table II.1 Meteorological Data 1973 to 1982 : D F Malan Airport Weather Office

	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
Total rainfall	321,0 mm	682,6 mm	558,4 mm	565,4 mm	751,1 mm	402,1 mm	408,1 mm	479,1 mm	585,2 mm	438,9mm
No. of rainy days	95	96	117	130	140	125	123	130	133	133
Ave. Max. Temp.	23,1	22,2	21,1	21,4	21,8°C	22,0°C	28,4°C	22,3°C	22,2°C	21,7°C
Maximum Temp.	35,5	37,4	38,1	35,2	35,5°C	35,5°C	39,3°C	33,9°C	35,2°C	33,5°C
Ave. Min. Temp.	11,7	11,6	11,9	12,0	12,4°C	10,0°C	5,5°C	11,8°C	11,1°C	10,9°C
Minimum Temp.	0,3	0,9	0,5	0,2	1,8°C	1,4°C	0,4°C	1,9°C	0,3°C	0,8°C

III – VITAL STATISTICS

Table III.1 Estimated Population of the City of Cape Town by Race 1961-1982

	WHITE	COLOURED	ASIATIC	BLACK	TOTAL
1961	195650	275040	7380	66390	544460
1962	197910	285280	7570	68030	558790
1963	200210	295890	7780	73480	577360
1964	202530	306910	7980	73540	590960
1965	204880	318330	8200	78600	610010
1966	207250	330180	8420	88930	634780
1967	209650	342470	8640	90000	650760
1968	212080	355210	8870	80840	657000
1969	214540	368430	9110	84460	676540
1970	217030	382150	9350	85700	694230
1971	235550	397500	9660	93050	735760
1972	239050	412340	9920	91150	752460
1973	242600	427740	10190	90250	770780
1974	246200	443710	10470	95000	795380
1975	249860	460280	10760	97730	818630
1976	253570	477470	11050	100530	842620
1977	257340	495300	11350	103000	866990
1978	261160	513790	11660	107580	894190
1979	265040	532980	11980	108500	918500
1980	268980	552880	12310	111230	945400
1981	272980	573520	12650	114030	973180
1982	277040	594940	12990	116900	1001870

Table III.2 Estimated Population, Birth Rates, Death Rates, Natural Increase Rates and Infant Mortality Rates : 1950 - 1982

YEAR	Estimated Populations			Birth rates			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates		
	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total
1950-1951	186790	255510	442300	18,02	41,40	30,16	9,55	14,97	12,00	8,47	26,43	18,56	23,91	104,20	84,07
1951-1952	187540	261280	448820	18,27	40,94	31,26	9,88	14,99	12,82	8,39	25,95	18,43	28,78	106,26	87,26
1952-1953	188300	267220	455520	18,37	39,42	30,62	9,33	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32
1953-1954	189070	273310	462380	18,23	37,86	29,85	9,03	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71
1954-1955	189830	279580	469410	17,62	36,95	29,26	9,15	11,52	10,60	8,47	25,43	18,66	21,45	100,80	82,52
1956	190600	286010	476610	18,6	34,3	28,3	9,0	10,3	10,2	8,6	23,9	18,0	24,5	103,0	83,4
1957	191380	292620	484000	18,4	36,5	29,8	10,0	10,6	10,4	8,5	25,9	19,4	23,5	95,5	79,3
1958	192150	299420	491570	18,8	34,4	28,7	9,7	9,9	9,8	9,2	24,4	18,8	23,1	97,6	80,2
1959	192930	306390	499320	19,2	34,3	28,9	10,0	8,6	9,1	9,2	25,7	19,8	17,5	80,2	65,5
1960	193710	338020	531730	18,4	38,3	31,1	10,9	10,5	10,7	7,3	24,7	18,7	25	81	69
1961	195650	348810	544460	18,9	36,4	30,1	10,2	9,5	9,8	8,7	26,8	20,3	20	76	64
1962	197910	360880	558790	18,9	35,2	29,4	10,4	8,7	9,3	8,5	26,5	20,1	22	70	59
1963	200210	377150	577360	18,1	36,2	29,9	10,1	10,3	10,2	7,9	25,9	19,6	23	86	73
1964	202530	388430	590960	18,3	37,3	30,8	10,6	10,3	10,4	7,7	27,0	20,4	19	78	66
1965	204880	405130	610010	16,8	38,4	31,2	10,2	10,6	10,5	6,6	27,8	20,7	19	78	68
1966	207250	427530	634780	18,0	35,1	29,5	10,5	9,8	10,0	7,5	25,4	19,5	17	78	66
1967	209650	441110	650760	18,0	31,6	27,2	10,0	9,9	10,0	8,0	21,7	17,3	15	79	66
1968	212080	444920	657000	18,1	38,4	31,8	10,2	9,3	9,6	7,9	29,1	22,2	15	58	50
1969	214540	462000	676540	18,4	37,4	31,4	10,3	9,3	9,7	8,1	28,0	21,7	18	58	51
1970	217030	477200	694230	19,2	35,2	30,2	10,6	9,6	9,9	8,6	25,6	20,3	16	59	50
1971	235550	500210	735760	18,3	35,5	30,0	9,0	7,8	8,2	9,2	27,6	21,7	13	46	39
1972	239050	513410	752460	17,1	35,1	29,4	9,0	7,4	7,9	8,1	27,7	21,5	13	38	34
1973	242600	528180	770780	15,6	34,6	28,6	9,4	8,3	8,6	6,2	26,3	20,0	13	46	40
1974	246200	549180	795380	14,6	32,8	27,2	9,1	8,0	8,3	5,5	24,8	18,9	12	46	40
1975	249860	568770	818630	13,2	29,2	24,3	8,4	7,2	7,6	4,7	22,0	16,7	12	38	34
1976	253570	589050	842620	12,6	27,9	23,3	8,8	7,7	8,0	3,8	20,2	15,3	10	43	38
1977	257340	609650	866990	11,2	26,3	21,8	8,4	6,9	7,4	2,8	19,4	14,5	8	36	31
1978	261160	631030	892190	10,6	26,1	21,5	8,4	6,0	6,7	2,2	20,1	14,9	13	28	26
1979	265040	653460	918500	10,2	26,0	21,4	7,9	5,8	6,4	2,3	20,2	15,0	10	23	21
1980	268980	676420	945400	10,1	26,1	21,6	8,6	6,0	6,7	1,5	20,1	14,9	13	24	22
1981	272980	700200	973180	10,52	27,21	22,52	8,7	6,6	7,2	1,8	20,6	15,3	9	24	21
1982	277040	724830	1001870	10,50	28,43	23,47	8,4	6,6	7,1	2,1	21,8	16,4	12	25	23

City extended in 1971 by incorporation of districts of Thornton, Bergvliet, Meadowridge, Ottery (part) and Kirstenhof.

The population and rates for the years 1961 onward have been corrected according to the final figures of the 1970 census.
Birth rates based on notification from 1968.

Table III.3 Population by Race and Sex : 1981 - 1982

RACE	1981			1982		
	MALES	FEMALES	PERSONS	MALES	FEMALES	PERSONS
White	129938	143042	272980	131871	145169	277040
Coloured	269554	303966	573520	279622	315318	594940
Asiatic	6578	6072	12650	6755	6235	12990
Blacks -						
City	6058	16976	23034	5307	15103	20410
Langa	18391	7152	25543	17126	6334	23460
Guguletu	34886	30567	65453	40897	32133	73030
Total	59335	54695	114030	63330	53570	116900
Total	465405	507775	973180	481578	520292	1001870

Table III.4 Notified Live Births and Birth Rates by Race and Sex of Infant:1981 - 1982

RACE	MALES		FEMALES		TOTAL		BIRTH RATE	
	1981	1982	1981	1982	1981	1982	1981	1982
White	1529	1485	1342	1423	2871	2908	10,52	10,50
Coloured	7338	8001	7199	7921	14537	15922	25,35	26,76
Asiatic	76	75	71	54	147	129	11,62	9,93
Blacks	2180	2239	2185	2320	4365	4559	38,28	39,00
TOTAL	11123	11800	10797	11718	21920	23518	22,52	23,47

Table III.5 Notified Births and Birth Rates by Race : 1978 - 1982

RACE	1978		1979		1980		1981		1982	
	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE
White	2768	10,6	2695	10,2	2727	10,1	2871	10,52	2908	10,50
Coloured	12155	23,7	12746	23,9	13448	24,3	14537	25,35	15922	26,76
Asiatic	259	22,2	260	21,7	225	18,3	147	11,62	129	9,93
Blacks	4082	37,9	3999	36,9	3984	35,8	4365	38,28	4559	39,00
TOTAL	19264	21,5	19700	21,4	20384	21,6	21920	22,52	23518	23,47

Table III.6 Birth Rates for 1982

RACE	POPULATION			LIVE BIRTHS	BIRTH RATE PER 1 000
	MALE	FEMALE	TOTAL		
White	131871	145169	277040	2908	10,50
Coloured	279622	315318	594940	15922	26,76
Asian	6755	6235	12990	129	9,93
Black:					
Langa	17126	6334	23460	1964	83,72
Guguletu	40897	32133	73030	2417	33,10
Rest of City	5307	15103	20410	178	8,72
Total	63330	53570	116900	4559	39,00
Total	481578	520292	1001870	23518	23,47

Table III.7 Fertility Rates for 1982

RACE	Female Population	Percentage of females aged 15-49 years	Number of females aged 15-49 years	Notified births	Fertility (Births rates per 1 000 females aged 15-49 years)
White	145169	48,53	70450	2919	41,43
Coloured	315318	48,68	153500	16124	105,04
Asian	6235	750	3120	129	41,35
Black:					
Total	53570	750	26790	4644	173,35
Langa	6334	750	3170	2003	631,86
Guguletu	32133	750	16070	2463	153,27
Rest of city	15103	750	7550	178	23,58

* Calculated from 1970 Census for Whites and Coloureds and Asians and estimated for Blacks

Table III.8 Notified Still Births and Still Birth Rates by Race : 1981 - 1982

RACE	NOTIFICATIONS			
	NUMBER		STILL BIRTH RATE	
	1981	1982	1981	1982
White	21	11	7,26	3,77
Coloured	191	202	12,97	12,53
Asiatic	1	-	6,76	-
Blacks	79	85	17,78	18,30
TOTAL	292	298	13,15	12,51

Table III.9 Still Births (SB) and Still Birth Rates, (SBR) for 1982

RACE	LIVE BIRTHS	NUMBER STILL BIRTHS	LIVE AND STILL BIRTHS	STILL BIRTH RATE PER 1 000 LIVE AND STILL BIRTHS
White	2908	11	2919	3,77
Coloured	15922	202	16124	12,53
Asians	129	-	129	-
Black:				
Total	4559	85	4644	18,30
Langa	1964	39	2003	19,47
Guguletu	2417	46	2463	18,68
Rest of City	178	-	178	-

Table III.10 Notified Twin Births classified according to Race and as to whether of the same or mixed Sexes : 1982

CHILDREN				
RACE	NO OF PAIRS	BOTH MALES	BOTH FEMALES	MIXED
White	39	14	9	16
Coloured	145	42	48	55
Asiatic	-	-	-	-
Blacks	82	30	18	34
TOTAL	266	86	75	105

Table III.11 Notified Live and Still Births in Institutions (whether occurring in or out of the Municipal Area) to Cape Town Municipal Residents : 1981 - 1982

NOTIFICATIONS				
	NUMBER		PERCENTAGE OF TOTAL DELIVERIES	
	1981	1982	1981	1982
White	2861	2895	98,9	99,2
Coloured	9942	11315	67,5	70,2
Asiatic	123	115	83,1	89,2
Blacks	3301	3340	74,3	71,9
TOTAL	16227	17665	73,1	74,2

Table III.12 Notified Live and Still Births by place of occurrence and attendant, occurring within the Municipal Area of Cape Town : 1982

ATTENDED	RESIDENTS		NON-RESIDENTS		TOTAL BIRTHS
	BIRTHS	PERCENTAGE	BIRTHS	PERCENTAGE	
(a) In private houses:					
By private doctors	5	0,02			5
By private midwives:					
Certificated	285	1,2			285
Uncertificated	1	0,00			1
Maternity outpatient units	5404	22,7	1751	25,7	7155
Midwives on district	26	0,1			26
No doctor or midwives	430	1,8			430
TOTAL	6151	25,8	1751	25,7	7902
(b) In institutions:					
Public institutions	16704	70,1	4827	70,8	21531
Private Nursing homes	961	4,0	242	3,5	1203
TOTAL	17665	74,2	5069	74,3	22734

Table III.13 Illegitimate Live Births Notified by Race : 1981 - 1982

NOTIFICATIONS				
RACE	NUMBER		PERCENTAGE OF TOTAL LIVE BIRTHS	
	1981	1982	1981	1982
White	271	254	9,4	8,7
Coloured	5487	6074	37,7	38,1
Asiatic	2	2	1,4	1,6
Blacks	2565	2772	58,8	60,8
TOTAL	8325	9102	38,0	38,7

Table III.14 Notified Births to Teenage Mothers by Race, Legitimacy and Age of Mother 1982

AGE OF MOTHER																
RACE	13 years		14 years		15 years		16 years		17 years		18 years		19 years		Total	
	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg
White				1		9	8	21	22	14	38	33	51	34	119	112
Coloured		7		24	5	54	23	192	79	393	199	538	299	621	605	1829
Asiatic						1				1			1		1	2
Blacks		3		6	1	33	4	92	15	157	24	181	36	198	80	670
TOTAL		10		31	6	97	35	305	116	565	261	752	387	853	805	2613

Leg: Legitimate
Ileg: Illegitimate

Table III.15 Illegitimate Births as a percentage of Total Live Births : 1956 - 1982

ILLEGITIMATE BIRTHS PERCENTAGE OF TOTAL BIRTHS			
PERIODS	WHITE	COLOURED, ASIATIC AND BLACKS	TOTAL
1956	3,0	24,2	18,9
1957	3,6	24,7	19,8
1958	4,0	23,7	19,0
1959	4,1	23,8	19,2
1960	4,0	23,2	19,0
1961	3,8	23,3	19,0
1962	3,9	23,4	19,0
1963	4,7	24,2	20,1
1964	4,8	25,4	21,2
1965	4,6	27,0	22,9
1966	5,9	28,1	23,7
1967	8,3	29,9	25,3
1968	9,4	27,5	24,1
1969	7,8	28,6	24,7
1970	8,0	31,2	26,6
1971	7,5	33,4	28,3
1972	9,2	37,3	32,1
1973	10,1	39,1	34,2
1974	9,8	40,4	35,3
1975	9,6	42,2	36,8
1976	10,5	43,6	38,2
1977	9,8	44,1	38,9
1978	8,2	44,5	39,3
1979	9,9	44,4	39,7
1980	10,5	42,3	38,5
1981	9,4	42,3	38,0
1982	8,7	42,9	38,7

Table III.16 Uncorrected and Corrected Deaths and Corrected Death Rates by Race and Sex : 1981 - 1982

	UNCORRECTED						CORRECTED						RATE					
	DEATHS						DEATHS											
	1981			1982			1981			1982			1981			1982		
	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	total
White	1372	1408	2780	1372	1322	2694	1154	1223	2377	1161	1159	2320	8,88	8,55	8,71	8,80	7,98	8,37
Coloured	2385	1662	4047	2452	1849	4301	2004	1409	3413	2040	1599	3639	7,43	4,62	5,95	7,30	5,07	6,12
Asiatic	36	17	53	44	32	76	34	14	48	39	28	67	5,17	2,31	3,79	5,77	4,49	5,16
Blacks:																		
Langa							332	97	429	259	97	356	18,05	13,56	16,80	15,12	15,31	15,17
Guguletu							450	237	687	466	235	701	14,72	6,79	10,50	11,39	7,31	9,60
Rest of																		
City							49	17	66	37	10	47	8,09	1,00	2,87	6,97	0,66	2,30
Total	955	448	1403	889	444	1333	831	351	1182	762	342	1104	15,10	5,95	10,37	12,03	6,38	9,44
TOTAL	4748	3535	8283	4757	3647	8404	4023	2997	7020	4002	3128	7130	8,73	5,85	7,21	8,31	6,01	7,12

Table III.17 Corrected Deaths and Death Rates by Race : 1977 - 1982

RACE	1978		1979		1980		1981		1982	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
White	2194	8,40	2095	7,90	2306	8,57	2377	8,71	2320	8,37
Coloured	2856	5,56	2846	5,34	2997	5,42	3413	5,95	3639	6,12
Asiatic	31	2,66	62	5,18	69	5,61	48	3,79	67	5,16
Blacks	926	8,61	856	7,89	961	8,64	1182	10,37	1104	9,44
All races	6007	6,72	5859	6,38	6333	6,70	7020	7,21	7130	7,12

Table III.18 Corrected Deaths by Age, and Sex and Race : 1982

AGE GROUPS																		
RACE	UNDER 1 YEAR		1 YEAR		2 to 4 YEARS		TOTAL UNDER 5 YRS		5 to 9 YEARS		10 to 14 YEARS		15 to 24 YEARS		25 to 34 YEARS		35 to 44 YEARS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Whites	20	14	1		3	2	24	16	1	1	3	1	26	7	32	18	49	19
Coloured	177	157	10	16	12	13	199	186	20	14	19	13	149	44	162	61	186	115
Asiatic	3	2	1		1		5	2			1		2	1		1	1	1
Blacks:																		
Langa	32	24	4	1	2	1	38	26	2	3	2		18	6	27	13	32	14
Guguletu	60	51	6	4	5	8	71	63	4	10	5	3	50	10	53	21	53	16
Rest of City	1	1					1	1		1	1		5	2	9	1	7	1
Total	93	76	10	5	7	9	110	90	6	14	8	3	73	18	89	35	92	31
TOTAL	293	249	22	21	23	4	338	294	27	29	31	17	250	70	283	115	328	166

RACE	45 to 54 YEARS		55 to 64 YEARS		65 to 74 YEARS		75 to 84 YEARS		85 YEARS AND UP-WARDS		AGE UNKNOWN		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Persons.
Whites	98	77	198	138	320	261	306	368	104	253			1161	1159	2320
Coloured	328	215	419	250	329	287	185	274	44	140			2040	1599	3639
Asians	7	8	10	4	9	6	4	2		3			39	28	67
Black:															
Langa	48	8	58	10	27	10	6	6	1	1			259	97	356
Guguletu	61	20	90	40	55	27	20	19	4	6			466	235	701
Rest of City	3	3	8		2		1	1					37	10	47
Total	112	31	156	50	84	37	27	26	5	7			762	342	1104
TOTAL	545	331	783	442	742	591	522	670	153	403			4002	3128	7130

Table III.19 Deaths from 'Cancer' (Malignant Neoplasms including those of Lymphatic and haemopoietic Tissue) and Death Rates per 100 000 Population : 1982

Int. Code No.	Parts affected	White		Coloured		Asiatic		Blacks		Total	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
140-9	Malignant neoplasm of buccal cavity and pharynx	13	5	16	3	1	8	8	7	38	4
150	Malignant neoplasm of oesophagus	11	4	34	6			54	46	99	10
151	Malignant neoplasm of stomach	26	9	82	14			11	9	119	12
152-3	Malignant neoplasm of intestine	51	18	22	4			3	3	76	6
154	Malignant neoplasm of rectum	8	3	9	2					17	2
155	Malignant neoplasm of liver	10	4	16	3			23	20	49	5
157	Malignant neoplasm of pancreas	24	9	21	4					45	5
161	Malignant neoplasm of larynx	14	5	9	2			2	2	25	3
162	Malignant neoplasm of bronchus	55	20	57	10			12	10	124	12
	" " of lung	50	18	80	13			12	10	142	14
163	Malignant neoplasm of pleura	3	1	1	0,2					4	0,4
172-3	Malignant neoplasm of skin	10	4	2	0,3			1	1	13	1
174	Malignant neoplasm of breast	42	15	44	7	1	8	3	3	90	9
180	Malignant neoplasm of cervix uteri	2	1	28	5			2	2	32	3
183	Malignant neoplasm of ovary	8	3	4	1			2	2	14	1
185	Malignant neoplasm of prostate	21	8	7	1			1	1	29	3
188	Malignant neoplasm of bladder	16	6	11	2					27	3
189	Malignant neoplasm of kidneys	8	3	3	1					11	1
191	Malignant neoplasm of brain	10	4	3	1					13	1
199	Malignant neoplasm of unspecified sites	31	11	28	5			8	7	67	7
200-8	Neoplasm of lymphatic and haemopoietic tissues	41	15	19	3			10	9	70	7
	Malignant neoplasm of other sites	38	14	30	5	1	8	11	9	80	8
	TOTAL	492	178	526	88	3	23	163	139	1184	118

Table III.20 Lung Cancer Mortality over a series of years

YEAR	Whites				Coloured				Asiatic				Blacks				Coloureds, Asiatic & Blacks			
	Deaths		Rates per 100 000 population		Deaths		Rates per 100 000 population		Deaths		Rates per 100 00 population		Deaths		Rates per 100 000 population		Deaths		Rates per 100 00 population	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1947	21	3	23,5	3,1													4	2	4,1	2,0
1957	46	6	49,8	5,9													27	5	17,0	3,0
1967	57	7	57,1	6,4													51	8	22,9	3,7
1971	53	17	47,3	13,8													54	10	21,3	4,1
1976	61	23	50,3	17,3													88	24	29,8	8,2
1977	76	33	62,0	24,5													115	26	37,7	8,5
1978	80	28	64,4	20,5													94	19	31,1	5,7
1979	75	44	59,4	31,7													119	18	38,1	5,3
1980	82	32	64,0	22,7	97	31	37,3	10,6	1		16,9		33	5	58,2	9,2	130	37	40,3	10,5
1981	73	29	56,2	20,3	81	26	30,0	8,6					23	2	41,8	3,4	104	28	31,4	7,6
1982	73	35	55	24	107	31	38	10					22	2	35	4	202	68	58	18

Table III.21 Percentage of male persons dying of Lung Cancer under the age of 55 years and at or over the age of 55 years: 1976 - 1982

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL COLOURED ASIATIC AND BLACKS	
	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %
1976	13	87							31	69
1977	12	88							41	59
1978	12	88							30	70
1979	8	92							39	61
1980	11	89	29	71			36	64	31	69
1981	11	89	28	72			52	48	34	66
1982	14	86	35	65			36	64	27	73

Table III.22 Selected causes of Death by Race : 1982

I.C.D. No.	Cause of death	White	Coloured	Asiatic	Black	Total
004,5,8,9, 555,6,8 011	Dysentery and Gastro Enteritis	2	27	1	33	63
010,012-018	Tuberculosis Pulmonary	7	52		80	139
032	Tuberculosis, Other Forms	1	5		9	15
033	Diphtheria					
036	Whooping Cough		1			1
037	Meningococcal Infections	1	12		2	15
038	Tetanus					
045	Septicaemia	20	41		11	72
055	Acute Poliomyelitis		4		9	13
070	Measles		5		1	6
084	Viral Hepatitis					
090-099	Malaria	1				1
	Syphilis				1	1
	Other Infective and Parasitic Diseases		3			3
140-208	Malignant Neoplasms	490	525	3	162	1180
210-239	Benign Neoplasms	2	1		1	4
250	Diabetes Mellitus	13	60	2	10	85
260-269	Nutritional Deficiencies	2	4		8	14
280-289	Anemias		2		1	3
303	Alcohol dependence syndrome	5	9			14
320-359	Diseases of Nervous System	31	41		2	84
390-392	Rheumatic Fever					
393-398	Heart Disease - Rheumatic	4	10	1	3	18
410-414	Heart Disease - Degenerative	430	355	23	17	825
420-429	Heart Disease - Other	166	235	5	55	461
401-405	Hypertensive Disease	15	85		15	115
415-417	Diseases of Pulmonary Circulation	22	22		14	58
430-438	Cerebrovascular Diseases	195	385	8	71	659
440-448	Diseases of Arteries	22	22		1	45
487	Influenza	3				3
480-486,466	Pneumonia	93	194	2	87	376
490-491	Bronchitis	5	13		2	20
492	Emphysema	8	3		3	14
493	Asthma	20	65		13	98
496	Chronic Airways Obstruction	38	69		11	118
460-465	Other Diseases of					
470-478	Respiratory					
494,500-519	System	27	35	2	16	80
531-535	Ulcer of Stomach and Duodenum	4	7			11
540-543	Acute Appendicitis	1				1
550-553,560	Intestinal Obstruction and Hernia	4	1		2	7
562-570	Other Diseases of Digestive					
572-579,557	System	31	44	2	12	89
571,609	Cirrhosis of Liver	12	17		2	31
580-589	Nephritis	28	69	3	22	122
590-608	Other Diseases of Genito-					
610-629	Urinary System	1	7		1	9
630-648	Complications of Pregnancy				1	1
660-669	Complications of Normal Labour and Delivery					
670-676	Complications of Puerperium					
680-709	Diseases of the Skin and Subcutaneous Tissue		3			3
740-759	Congenital Anomalies	9	34	2	19	64
760-779	Perinatal Mortality	12	157	3	62	234
780-796	Symptoms and Ill Defined Conditions	5	9		2	16
797	Senility	349	196	3	12	560
798-799	Sudden Death, Cause Unknown	60	184	1	54	299
800-807	Railway Accidents	1	34		12	47
810-829	Motor Vehicle Accidents	57	223	1	73	354
	All Other Accidents	45	79	3	34	161
950-959	Suicide	36	19		4	59
960-969	Homicide	14	217	2	117	350
970-978	Legal Intervention		9		7	16
980-987	Injury Accidental or Purposeful	3	12		6	21
	Other Causes	25	33		14	72
	TOTAL	2320	3639	67	1104	7130

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Table III.23 Deaths and Death Rates per 1 000 population due to Coronary Thrombosis (ICD Code No. 410): 1978-1982

RACE		1978		1979		1980		1981		1982	
		M	F	M	F	M	F	M	F	M	F
White	Deaths Rate	276 2,22	192 1,40	259 2,05	147 1,06	237 1,85	148 1,05	205 1,58	169 1,18	208 1,58	133 0,92
Coloured	Deaths Rate	163 0,68	111 0,41	132 0,53	103 0,36	131 0,50	103 0,35	170 0,63	96 0,31	136 0,49	100 0,32
Asiatic	Deaths Rate					10 1,56	3 0,51	10 1,52	3 0,49	13 1,92	2 0,32
Black	Deaths Rate					10 0,18	1 0,02	5 0,09	2 0,03	7 0,11	4 0,07

Table III.24 Deaths and Death Rates due to Measles by Race group : 1973 - 1982

MEASLES										
YEAR	Deaths					Rate per 100 000 population				
	White	Coloured	Asiatic	Black	Total Coloured, Asiatic and Black	White	Coloured	Asiatic	Black	Total Coloured, Asiatic and Black
1973	1				49	0,41				9,23
1974	0				69	0				12,56
1975	1				26	0,40				4,57
1976	0				34	0				5,77
1977	0				41	0				6,73
1978	0				37	0				5,84
1979	0				13	0				1,99
1980	0	6	0	13	19	0	1,09	0	11,69	2,80
1981	0	3		4	7		0,52		3,51	1,00
1982	0	4	0	9	13		0,67		7,70	1,79

Table III.25 Deaths and Death Rates due to Influenza (ICD Code No. 487) Bronchitis (ICD Code No. 466, 490-491) and Pneumonia (ICD Code Nos 480-486) by Race Group: 1973 - 1982

INFLUENZA					BRONCHITIS				PNEUMONIA (all forms)			
YEAR	White		Coloured, Asiatic and Black		White		Coloured, Asiatic and Black		White		Coloured, Asiatic and Black	
	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000
1973	0	0	6	1,14	21	8,66	53	10,03	83	34,21	419	79,33
1974	4	1,62	13	2,37	6	2,44	33	6,01	84	34,12	429	78,12
1975	0	0	2	0,35	3	1,20	25	4,40	116	46,43	404	71,03
1976	1	0,39	3	0,51	7	2,76	23	3,90	126	49,69	550	93,37
1977	2	0,78	2	0,33	12	4,66	26	4,26	98	38,08	405	66,43
1978	0	0	2	0,32	5	1,91	27	4,27	85	32,55	301	47,55
1979	0	0	2	0,31	4	1,51	20	3,06	81	30,56	293	44,84
1980	2	0,74	5	0,74	4	1,49	29	4,29	86	31,97	251	37,11
1981	3	1,10	3	0,43	6	2,20	21	3,00	89	32,60	271	38,70
1982	3	1,08	0	0	5	1,80	15	2,07	93	33,57	283	39,04

Table III.26 Deaths due to Bronchitis (ICD Code 466, 490, 491) and Pneumonia (ICD Code 480-486) by Race and Age : 1981 - 1982

	1981					1982				
	White	Coloured	Asiatic	Black	Total	White	Coloured	Asiatic	Black	Total
Under 1 year	1	25		15	41	5	50		31	86
1-2 years		2		2	4		4		1	5
2-4 years	1			4	5	1	1		1	3
Total under 5 years	2	27		21	50	6	55		33	94
All other ages	93	171	2	71	337	92	152	2	56	302
TOTAL	95	198	2	92	387	98	207	2	89	396

Table III.27 Deaths of Infants under the age of one year due to Diarrhoea and Gastro-Enteritis by Race Group : 1973 - 1982

DIARRHOEA AND ENTERITIS												
YEAR	White		Coloured		Asiatic		Black		Total Coloured Asiatic and Black		All Races	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1973	0	1							113	102	113	103
1974	0	0							102	99	102	99
1975	1	0							97	97	98	97
1976	1	0							105	129	106	129
1977	0	0							68	54	68	54
1978	0	0							44	23	44	23
1979	0	0							26	20	26	20
1980	0	0	10	10	0	0	12	7	22	17	22	17
1981	0	0	3	6	0	0	13	10	16	16	16	16
1982	0	0	10	14	0	0	11	15	21	29	21	29

Table III.28 General Mortality in Langa and Guguletu 1982: illustrating the ten principal causes of Deaths (All Ages)

LANGA				GUGULETU			
Rank	Cause	No.	%	Rank	Cause	No.	%
1	Malignancy	55	15	1	Malignancy	104	15
2	Accidental deaths	36	10	2	Homicide	74	11
2	Perinatal Mortality	36	10	3	Accidental deaths	66	9
4	PulmonaryTuberculosis	34	10	4	Pneumonia	63	9
5	Homicide	33	9	5	Cerebrovascular Disease	51	7
6	Pneumonia	22	6	5	Senility/IlI Defined	51	7
7	Cerebrovascular Disease	19	5	7	Pulmonary Tuberculosis	46	7
8	"Other" Heart Disease *	15	4	8	Perinatal deaths	43	6
9	Senility/IlI Defined	13	4	9	"Other" Heart Disease *	39	6
10	Nephritis	10	3	10	Gastro Enteritis/ Dysentry	25	4
	Other	83	23		Other	139	20
	TOTAL	356			TOTAL	701	

*(i.e. "Other than Myocardial infarction)

Table III.29 Accidental Deaths by Cause : 1978 - 1982

	1978	1979	1980	1981					1982				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Railway	14	11	46	2	38		22	62	1	34		12	47
Road Traffic	159	146	140	64	226	2	73	365	57	223	1	73	354
Poisoning	10	17	6	2	3		5	10	4	9		5	18
Falls	30	28	20	32	33		9	74	27	27	1	9	64
Drowning	40	29	58	11	21	1	5	38	7	22		3	32
Asphyxia		1	4	1	1			2					
Burns	22	20	19	1	23		8	32	1	12	1	16	30
Trauma													
Firearms	1	2											
Electrocution	2	1	4	2				2					
Miscellaneous	21	21	26	11	29	1	10	51	21	24	1	9	55
TOTAL	299	276	323	126	374	4	132	636	118	351	4	127	600

Table III.30 Suicidal Deaths by Race and Sex : 1978 - 1982

YEAR	White		Coloured		Asiatic		Black		Total Coloured Asiatic and Black		Total			Rate per 1 000
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Persons	
1978	26	9							18		44	9	53	0,06
1979	29	13							19	1	48	14	62	0,07
1980	25	5	10	3			6		16	3	41	8	49	0,05
1981	17	8	14	3			1		15	3	32	11	43	0,05
1982	23	13	15	4			3	1	18	5	41	18	59	0,06

Table III.31 Suicidal Deaths by Age Group and Race : 1978 - 1982

YEAR	10-14					15-24					25-44					45-64					65+					TOTAL
	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	
1978						3				6	15				8	10				3	7				1	53
1979						10				4	14				11	13				4	5				1	62
1980						3	1		2	3	14	7		2	9	7	5		2	7	6					49
1981						1	2			2	8	12			12	5	3		1	4	11					43
1982						3	1			1	15	14		2	16	11	4		2	6	7					59

Table III.32 Suicidal Deaths by Method Adopted : 1978 - 1982

	1978	1979	1980	1981					1982				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Drug Poisoning	6	8	7	6	7			13	10	3			13
Hanging	12	15	10	4	8		1	13	3	12		2	17
Firearms	16	12	16	11	2			13	13	1		1	15
Carbon monoxide Poisoning	7	9	5	1				1	7	1			8
Falls	2	8	5	2				2	3			1	4
Railway	4	2	3										
Drowning	2	1	2										
Wounds	2	3								1			1
Electrocution		1		1				1					
Burns		1	1										
Inanition													
Suffocation		2											
Starvation										1			1
TOTAL	51	62	49	25	17		1	43	36	19		4	59

Table III.33 Deaths of Infants under one year and Infant Mortality Rates by Race and Sex : 1981 - 1982

	INFANT DEATHS						RATE PER 1 000 LIVE BIRTHS					
	1981			1982			1981			1982		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
White	12	15	27	20	14	34	7,8	11,2	9,4	13,47	9,84	11,69
Coloured	158	115	273	177	157	334	21,5	16,0	18,8	22,12	19,82	20,98
Asiatic	3		3	3	2	5	39,5		20,4	40,00	37,04	38,76
Blacks:												
Langa	35	20	55	32	24	56	33,8	20,7	27,4	32,85	24,24	28,51
Guguletu	53	37	90	60	51	111	49,9	33,0	41,2	51,37	40,83	45,92
Rest of City	5	1	6	1	1	2	61,7	10,3	33,7	10,31	12,35	11,24
Total	93	58	151	93	76	169	42,7	26,5	34,6	41,54	32,76	37,07
TOTAL	266	188	454	293	249	542	23,9	17,4	20,7	24,83	21,25	23,05

Table III.34 Infant Deaths and Infant Mortality Rates by Race : 1978 - 1982

RACE	1978		1979		1980		1981		1982	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White	36	13,0	28	10,4	35	12,8	27	9,4	34	11,7
Coloured	265	21,8	246	19,3	266	19,8	273	18,8	334	21,0
Asiatic	2	7,7	3	11,5	4	17,8	3	20,4	5	38,8
Blacks	193	47,3	136	34,0	152	38,2	151	34,6	169	37,1
All Races	496	25,7	413	21,0	457	22,4	454	20,7	542	23,1

Table III.35 Deaths of Infants under one year of Age by Selected Causes and Ages : 1982

International	DISEASE Code No.	DAYS									WEEKS			
		RACE	<1	1	2	3	4	5	6	Total under 1 week	1	2	3	Total under 4 weeks
		W C A B												
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W C A B			1					1			1 1	1 1
010-012 014-018	Tuberculosis, Pulmonary and other forms	W C A B												
013	Tuberculosis, meningeal	W C A B												
032	Diphtheria	W C A B												
033	Whooping cough	W C A B												
036	Meningococcal infections	W C A B												
038	Septicaemia	W C A B					2		1	3	1	1	1	6
055	Measles	W C A B												
090	Syphilis, congenital	W C A B												
264-268	Avitaminosis	W C A B												
260-263,269	Nutritional Maladjustment	W C A B												
320-323	Simple meningitis	W C A B			1					1	2		1	4
466,490-1	Bronchitis	W C A B												
480-6	Pneumonia (all forms)	W C A B			3			1 1	1	5 1		1	1 2	2 7 1
740-759	Congenital Anomalies	W C A B	3 6 1 4	2 4 1		1 1 1	3		1	6 15 1 7	3 1		1 1 1	7 19 2 8
67	Injury at birth	W C A B				1				1 3	1	1		2 1 3
772-775	Haemolytic Diseases of new born	W C A B	1		1	1	1			4 1			1	5 1
760-764,766, 768-771,776- 779	Other Diseases peculiar to early infancy	W C A B	1 9 6	2 6 5	2 7 2	3 3 4	3 3 1	2 2 1		5 30 19	7 1		1	5 37 22
765	Prematurity	W C A B	1 32 1 9	1 25 1 10	2 8 1 1	2 14 5	1 5 1	1 6 1		5 96 2 27	1 7 2	1 2		6 105 2 33
913	Accidental mechanical suffocation	W C A B												
	Other and ill-defined or unknown causes	W C A B	5 1	2 1			1		2	10 2	5	2		17 2
	TOTALS	W C A B T	5 53 2 21 81	5 37 18 60	4 21 1 5 31	1 19 1 10 31	1 15 2 18	9 11 3 12	11 11 1 12	16 165 4 60 245	1 26 4 31	1 6 3 10	2 6 1 4 13	20 203 5 71 299

W = White; C = Coloured; A = Asiatic; B = Black

Continued

Table 111.35 Continued

International Code No.	DISEASE	RACE	MONTHS											TOTAL under one year			Bantu Townships included in foregoing columns					
			1	2	3	4	5	6	7	8	9	10	11				Langa			Guguletu		
														M	F	Persons	M	F	Persons	M	F	Persons
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W C A B	4	5	6	3	1		1	1	1		1	10	14	24						
				2	3	4	4	3	2	2	1	2	2	11	15	26	3	3	6	8	12	20
010-012 014-018	Tuberculosis, Pulmonary and other forms	W C A B				1						1	1		1	1						
															2	2				2	2	
013	Tuberculosis, meningeal	W C A B										1		1						1		1
032	Diphtheria	W C A B																				
033	Whooping Cough	W C A B		1											1	1						
036	Meningococcal infections	W C A B			2	1		1						3	1	4						
									1				1	2		2	2	2				
038	Septicaemia	W C A B	2	1				1			1			9	2	11						
			1											1		1				1		1
055	Measles	W C A B					1				1		2	4		4						
								1		1		2		2	2	4				2	2	4
090	Syphilis, congenital	W C A B																				
264-268	Avitaminosis	W C A B			1									1		1						
260-263,269	Nutritional Maladjustment	W C A B																				
					1				1	1			1	1	3	4		1	1	1	2	3
320-323	Simple meningitis	W C A B	1											1		1						
			2	1		1								6	2	8						
			1						2					2	1	3	2		2		1	1
466, 490-1	Bronchitis	W C A B	2						1	1				1	3	4						
480-6	Pneumonia (all forms)	W C A B	7	12	8	6	1	4			1		1	3	2	5						
			10	6	6			4	1			2	1	19	12	31	3		3	16	12	28
740-759	Congenital Anomalies	W C A B	1			2	3		2		1		2	2	7	9						
			2											19	11	30						
			1	2	1	1	1	1						2	3	15	5	2	7	7	1	8
767	Injury at birth	W C A B												2		2						
														1		1						
														2	1	3		1	1	2		2
772-775	Haemolytic disease of the new born	W C A B	1											1	5	6						
				1										2		2				2		2
760-764 ,766, 768-771, 776-779	Other diseases peculiar to early infancy	W C A B	2											5		5						
														22	17	39						
				1	4				1				1	13	16	29	6	9	15	6	6	12
765	Prematurity	W C A B	1											5	2	7						
			4		1									58	52	110						
			1	1										2		2						
														18	17	35	10	4	14	8	13	21
913	Accidental mechanical suffocation	W C A B																				
	Other and ill- defined or unknown causes	W C A B	1	2	1	2	3	2	1	1			1	4	3	7						
			5	6	6	1							1	21	22	43						
				2		2	1	2		1		1		7	4	11	1	4	5	6		6
	TOTAL	W C A B T	4 31 14 49	2 26 15 43	2 24 15 41	2 15 7 24	1 9 6 15	1 8 11 20	5 5 8 13	1 3 7 11	1 3 2 6	1 3 7 10	1 4 6 11	20 177 93 293	14 157 76 249	34 334 169 542				32 60	24 51	56 111

W = White; C = Coloured; A = Asiatic; B = Black

Table III.36 Neo-natal, Post Neo-natal and Infant Mortality Deaths by selected causes of Death : 1982

CAUSE OF DEATH	Neo-natal mortality				Post neo-natal mortality				Infant mortality				
	W	C	A	B	W	C	A	B	W	C	A	B	T
Whooping cough						1				1			1
Tuberculosis (all forms)						1		3		1		3	4
Measles						4		4		4		4	8
Diphtheria													
Syphilis													
Bronchitis and pneumonia	2	7		1	3	43		30	5	50		31	86
Gastro enteritis		1		1		23		25		24		26	50
Prematurity	6	105	2	33	1	5		2	7	110	2	35	154
Injury at birth		2	1	3						2	1	3	6
Congenital malformations	7	19	2	8	2	11		7	9	30	2	15	56
Other diseases of early infancy	5	42		23		3		8	5	45		31	81
Other and ill-defined or unknown causes		17		2	7	27		13	7	44		15	66
Septicaemia		6				5		1		11		1	12
Simple Meningitis		4			1	4		3	1	8		3	12
Meningococcal infections						4		2		4		2	6
TOTAL	20	203	5	71	14	131		98	34	334	5	169	542

Table III.37 Infant Mortality Rates for selected causes of Death : 1973 - 1982

WHITE										
Cause of death	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
Whooping cough									0,4	
Tuberculosis										
Measles										
Diphtheria										
Syphilis										
Bronchitis and pneumonia		0,8	2,1	1,3	1,7	1,5	1,5	0,7	0,4	1,7
Gastro enteritis	0,3			0,3						
Prematurity	3,4	3,9	3,6	3,1	1,0	5,8	2,6	5,1	3,8	2,4
Injury at birth	0,5	0,3				0,7	0,4			
Congenital malformations	2,6	3,3	3,6	2,2	2,4	2,5	3,3	1,8	2,0	3,1
Other diseases of early infancy		1,4	1,2	0,6	1,4	1,1	0,7	2,6	1,7	1,7
Other causes	5,8	2,2	1,5	2,5	1,4	1,5	1,9	2,6	1,0	2,8
ALL CAUSES	13	12	12	10	8	13	10	13	9	12

Continued

Table III.37 Continued

TOTAL COLOURED, ASIATIC AND BLACK										1982			
										COLOURED	ASIATIC	BLACK	TOTAL COLOURED ASIATIC AND BLACK
	1973	1974	1975	1976	1977	1978	1979	1980	1981				
Whooping cough	0,1	0,2			0,1	0,1		0,1		0,1			0,0
Tuberculosis	0,3	0,3	0,1	0,4	0,4	0,3		0,3	0,2	0,1		0,7	0,2
Measles	1,3	1,6	0,7	1,0	0,9	1,1	0,6	0,5	0,3	0,3		0,9	0,4
Diphtheria	0,2	0,6											
Syphilis	0,4	0,1	0,2	0,1	0,1	0,1	0,3	0,1	0,2				
Bronchitis and pneumonia	9,1	8,7	7,5	8,9	7,0	6,1	4,5	4,6	2,1	3,1		6,8	3,9
Gastro enteritis	11,7	11,3	9,8	11,5	7,6	4,1	2,7	2,2	1,7	1,5		5,7	2,4
Prematurity	8,2	8,0	8,1	8,2	8,5	6,9	6,6	7,6	7,0	6,9	15,5	7,7	7,1
Injury at birth	1,0	0,8	0,3	0,1	0,1			0,1	0,3	0,1	7,8	0,7	0,3
Congenital malformations	2,1	2,6	1,6	1,7	1,7	2,1	1,8	2,2	2,7	1,9	15,5	3,3	2,3
Other diseases of early infancy	0,3	3,3	3,4	2,9	2,4	1,8	2,5	2,2	2,8	2,8		6,8	3,7
Other causes	11,1	8,9	6,7	8,0	5,7	5,3	3,7	4,0	5,2	4,2		4,6	4,3
ALL CAUSES	46	46	38	43	36	28	23	24	22	21	39	37	25

Table III.38 Infant Mortality Rates by selected causes in Quinquennia 1973 - 1982 and annually 1973 - 1982.

Period	Common infectious diseases		Tuber- culous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Develop- mental diseases		Miscel- laneous diseases (remainder)		Total mortality (all causes)	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
Quinquennium																
1973-1977	0,1	1,2		0,3		0,2	1,3	9,8	0,1	12,4	9,4	16,4	2,8	8,8	13,7	49,3
1974-1978	0,1	1,1		0,3		0,1	1,5	7,6	0,1	8,9	7,5	12,6	2,1	7,5	11,2	38,1
1975-1979	0,1	0,9		0,2		0,2	1,6	6,8	0,1	7,1	7,1	12,0	2,0	6,3	10,9	33,5
1976-1980	0,1	0,9		0,3		0,1	1,3	6,2	0,1	5,6	7,3	11,8	2,2	5,7	11,0	30,6
1977-1981	0,1	0,8		0,2		0,2	1,2	4,9		3,7	7,6	12,0	1,9	5,1	10,8	26,8
1978-1982	0,1	0,7		0,2		0,1	1,2	4,3		2,6	8,1	12,1	2,2	4,7	11,5	24,6
Year																
1973		1,6		0,3		0,4		9,1	0,3	11,7	9,3	15,4	3,2	7,3	12,7	45,8
1974		1,8		0,3		0,1	0,8	8		11,3	8,6	13,9	2,5	9,7	12,0	45,8
1975		0,7		0,1		0,2	2,1	7,5		9,8	8,5	12,9	1,5	7,2	12,2	38,3
1976	0,3	1,0		0,4		0,1	1,3	8,9	0,3	11,5	6,0	12,8	2,5	8,1	10,4	43,0
1977		1,0		0,4		0,1	1,7	7,0		7,6	4,9	12,6	1,7	6,9	8,3	35,6
1978		1,2		0,3		0,1	1,5	6,1		4,1	9,4	10,8	2,2	5,4	13,0	27,9
1979		0,6				0,3	1,5	4,5		2,7	6,7	10,7	2,2	3,9	10,4	22,6
1980		0,6		0,3		0,1	0,7	4,6		2,2	9,5	12,1	2,6	4,0	12,8	23,9
1981	0,4	0,6		0,2		0,2	0,4	2,2		1,7	7,7	13,7	1,0	5,4	9,4	23,8
1982		0,6					1,7	3,9		2,4	7,2	13,1	2,8	4,6	11,7	24,7

Continued

Table III.40 Infant Mortality Rates by Race and Legitimacy (excluding 114 deaths where Legitimacy not known): 1980 - 1981

RATE PER 1 000 LIVE BIRTHS - BASED ON NOTIFICATIONS				
RACE	LEGITIMATE		ILLEGITIMATE	
	1981	1982	1981	1982
White	8,0	9,6	,07	1,4
Coloured	8,0	10,2	5,2	7,2
Asiatic	20,4	38,8		
Blacks	11,7	7,9	16,3	16,9
TOTAL	8,9	9,9	6,8	8,3

Table III.41 Deaths and Death Rates by Race during the Peri-natal, Neonatal and Post-neonatal periods of life : 1981 - 1982

PERI-NATAL PERIOD				
	Still births & deaths under 1 week		Rate per 1 000 deliveries based on births and still births	
	1981	1982	1981	1982
White	37	27	12,8	9,3
Coloured	315	367	21,4	22,8
Asiatic	2	4	13,5	31,0
Blacks: Langa	59	66	28,9	33,0
Guguletu	69	77	31,3	31,3
Rest of City	15	2	79,4	11,2
TOTAL	143	145	32,2	31,2
ALL RACES	497	543	22,4	22,8

Continued

NEONATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1981	1982	1981	1982
White	21	20	7,3	6,9
Coloured	161	203	11,1	12,8
Asiatic	2	5	13,6	38,8
Blacks: Langa	32	33	16,0	16,8
Guguletu	42	36	19,2	14,9
Rest of City	4	2	30,7	11,2
TOTAL	78	71	17,9	15,6
ALL RACES	262	299	12,0	12,7
POST-NEONATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1981	1982	1981	1982
White	6	14	2,1	4,8
Coloured	112	131	7,7	8,2
Asiatic	1	-	6,8	-
Blacks: Langa	23	23	11,5	11,7
Guguletu	48	75	22,0	31,0
Rest of City	2	-	11,2	-
TOTAL	73	98	16,7	21,5
ALL RACES	192	243	8,8	10,3

Table III.42 Peri-Natal, Neonatal and Post-Neonatal Mortality rates : 1978 - 1982

	WHITE			COLOURED			ASIATIC			BLACK			TOTAL COLOURED, ASIATIC AND BLACK		
	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal
1978	12	10	3										23	12	16
1979	10	7	3										22	12	11
1980	13	10	3	21	11	9	4	13	4	29	16	22	23	12	12
1981	13	7	2	21	11	8	14	14	7	32	18	17	24	13	10
1982	9	7	5	23	13	8	31	39		31	16	22	25	14	11
Average 1978-1982	11	8	3										23	13	12

Table III.43 Cause specific Blacks infant Mortality (Number of Deaths and rate per 1 000 live Births for Blacks) 1982

CAUSES	TOTAL		LANGA		GUGULETU		REST OF CITY	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Diarrhoea and Gastro-enteritis	26	5,7	6	3,1	20	8,3	2	11,2
Pneumonia (all forms)	31	6,8	3	1,5	28	11,6		
Premature birth	35	7,7	14	7,1	21	8,7		
Measles	4	0,9			4	1,7		
Congenital Malformation	15	3,3	7	3,6	8	3,3		
Other Newborn diseases	27	5,9	14	7,1	11	4,6		
Bronchitis								
Nutritional								
Maladjustment	4	0,9	1	0,5	3	1,2		
Septicaemia	1	0,2			1	0,4		
Tuberculosis (all forms)	3	0,7			3	1,2		
Meningitis	3	0,7	2	1,0	1	0,4		
Syphilis								
Meningococcal infection	2	0,4	2	1,0				
Cause unknown	7	1,5	2	1,0	5	2,1		
Accidents	5	1,1	2	1,0	3	1,2		
Other Causes	6	1,3	3	1,5	3	1,2		
TOTAL	169	37,1	56	28,5	111	45,9	2	11,2

Table III.44 Maternal Mortality : Deaths from Causes ascribed to Pregnancy and Childbirth (including abortion) and the corresponding Death Rate per 1 000 Live and Still Births : 1982

Int. Code No.	CAUSE OF DEATH	DEATHS					Maternal mortality rates
		White	Coloured	Asiatic	Blacks	Total	Total
630-639 640-648 650-659 660-669 670-676	Abortion Complications of Pregnancy Normal Labour and Delivery Complication in Delivery Complications of the Puerperium				1	1	0,22
	TOTAL				1	1	0,04

Table III.45 Maternal Mortality Rates (Deaths per 1 000 live and still births) :
1978 - 1982

	Puerperal septicaemia			Other causes			All causes		
	White	C,A&B	Total	White	C,A&B	Total	White	C,A&B	Total
1978		0,00	0,05		0,18	0,15		0,24	0,21
1979		0,17	0,15		0,06	0,05		0,23	0,20
1980		0,17	0,15		0,17	0,15		0,34	0,29
1981					0,10	0,09		0,10	0,09
1982					0,05	0,04		0,05	0,04

Table III.46 Vital Statistics Compared with other centres

(Latest Available Figures)

CENTRE	YEAR	Birth Rate					Death Rate					Infant Mortality Rate					All forms of Tuberculosis Death Rate				
		W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Cape Town	1982	10,5	26,8	9,9	39,0	23,5	8,4	6,1	5,2	9,4	7,1	12	21	39	37	23	0,03	0,09		0,74	0,15
King William's Town	1981	12,4	32,8	20,7	10,5	16,0	6,6	7,3	5,2	5,3	5,8	9	25		103	41		0,21			0,04
Port Elizabeth	1981	15,6	32,7	14,6	30,3	27,0	8,6	10,8	9,3	9,8	9,7	15	35	12	53	43					
Springs	1981	17,1	26,1	10,4	20,8																
Benoni	1981	17,6		25,8	23,1																
Ourban	1979	10,4	25,8	23,6	22,8	19,8	8,0	4,9	5,4	5,6	6,2	12	12	21	56	24					
Bloemfontein	1977	17,4	24,1		20,3		6,5	11,8		11,2		22	74		104						
Vereeniging	1981	13,6	16,5	12,7	15,7																
Pretoria	1980	16,5	18,7	16,7	20,2	18,1	6,5	5,6	2,00	5,3	5,9	10	53	12	53	32	0,03	0,25	0,15	0,39	0,20
Johannesburg	1979	12,4	24,0	23,4	20,0	18,2	9,2	9,0	4,9	9,3	7,8	17	41	18	35	35					
East London	1971	25,8	40,2		85,9		12,4	12,9		16,5		17	63		76		0,15	1,30	0,49	1,84	
Germiston	1981	16,5	47,5	22,5	41,0		5,3	10,4	1,7	7,0		10	69	29	32						
Oivisional Council of the Cape	1981	15,5	28,2		44,2	25,6	7,5	6,2		7,2	6,8	12	27		53	28					
Kimberley	1981	16,9	26,8	39,6	26,5		8,8	16,6	9,2	17,2		10	97		114						
South Africa	1980	16,5	27,8	24,0			8,3	9,2	5,9			13	61	24							
England and Wales	1980										11,8										
	1981					12,8										11					
Kansas City	1978											16,7		38,9*							
St Louis	1978											13,0		28,8*							
Chicago	1978											15,3		26,6*							
Cleveland	1978											14,5		25,7*							

* All Other Races

Table III.47 Births by month of notification : 1980 - 1982

COLOURED						BLACK					
1980	LEGITIMATE		ILLEGITIMATE		TOTAL	LEGITIMATE		ILLEGITIMATE		TOTAL	
	MALE		FEMALE			MALE		FEMALE			
JANUARY	334	341	182	180	1 037	59	46	96	102	303	
FEBRUARY	344	341	180	181	1 046	65	63	111	93	332	
MARCH	332	316	216	214	1 078	76	52	100	97	325	
APRIL	362	300	203	193	1 058	77	57	109	109	352	
MAY	379	345	228	210	1 162	60	64	99	120	343	
JUNE	381	358	237	219	1 195	58	55	88	100	301	
JULY	380	359	221	201	1 161	66	70	101	118	355	
AUGUST	336	338	225	237	1 136	67	74	104	92	337	
SEPTEMBER	341	331	256	248	1 176	85	75	112	102	374	
OCTOBER	336	322	217	244	1 119	60	56	97	97	310	
NOVEMBER	373	368	211	182	1 134	56	66	93	79	294	
DECEMBER	388	326	198	234	1 146	77	62	109	112	360	
					13 448					3 986	
1981											
JANUARY	380	373	197	196	1 146	61	66	77	81	285	
FEBRUARY	357	313	191	173	1 034	60	85	116	90	351	
MARCH	361	384	248	216	1 209	85	82	90	97	354	
APRIL	338	365	209	234	1 146	81	69	110	118	378	
MAY	391	393	212	237	1 233	65	68	109	106	348	
JUNE	378	359	234	230	1 201	86	73	119	115	393	
JULY	395	370	236	216	1 217	87	89	114	114	404	
AUGUST	394	400	251	233	1 278	80	87	120	117	404	
SEPTEMBER	416	388	256	266	1 326	102	82	106	121	411	
OCTOBER	383	387	254	249	1 273	64	76	110	94	344	
NOVEMBER	374	340	238	222	1 174	59	61	101	103	324	
DECEMBER	404	407	241	248	1 300	63	69	115	122	369	
					14 537					4 365	
1982											
JANUARY	451	390	237	252	1 330	58	74	85	89	306	
FEBRUARY	356	353	220	224	1 153	61	65	84	104	314	
MARCH	365	381	214	235	1 195	74	81	107	120	382	
APRIL	385	398	226	228	1 237	82	80	120	113	395	
MAY	424	392	248	291	1 355	68	66	124	116	374	
JUNE	426	450	268	252	1 396	71	65	113	117	366	
JULY	398	412	266	266	1 342	81	79	121	117	398	
AUGUST	441	407	268	257	1 373	62	68	128	123	381	
SEPTEMBER	431	395	256	310	1 392	113	97	124	154	488	
OCTOBER	473	406	267	223	1 369	75	87	144	111	417	
NOVEMBER	428	410	262	258	1 358	56	89	110	116	371	
DECEMBER	425	451	266	280	1 422	66	69	112	120	367	
					15 922					4 559	

Table III.48 Mean \bar{x} Monthly Births , Black and Coloured - : 1980 - 1982

BLACK			COLOURED	
	WINTER (1 April - 30 Sept.)	SUMMER (1 Jan. - 31 March + 1 Oct. - 31 Dec.)	WINTER (1 April - 30 Sep.)	SUMMER (1 Jan. - 31 March + 1 Oct. - 31 Oct.)
1980	\bar{x} = 343,7 SD = 24,4	\bar{x} = 320,7 SD = 23,8	\bar{x} = 1148 SD = 48,2	\bar{x} = 1093 SD = 46,3
1981	\bar{x} = 389,7 SD = 23,4	\bar{x} = 337,8 SD = 29,8	\bar{x} = 1233,5 SD = 62,5	\bar{x} = 1189,3 SD = 95,8
1982	\bar{x} = 400,3 SD = 44,6	\bar{x} = 359,5 SD = 42,3	\bar{x} = 1349,2 SD = 58,8	\bar{x} = 1304,5 SD = 106,2

Table III.49 Mean \bar{x} Monthly Illegitimate Births, Black and Coloured : 1980 - 1982

BLACK			COLOURED	
	WINTER \bar{x}	SUMMER \bar{x}	WINTER \bar{x}	SUMMER \bar{x}
1980	= 209	= 196,7	= 446,5	= 406,5
1981	= 211,5	= 199,3	= 469	= 445,6
1982	= 245	= 217	= 522,7	= 489,7

IV – ENVIRONMENTAL HEALTH

Table IV.1 Inspections made by District Health Inspectors : 1982

		Housing		Pests		Surface Sanitation					Water Sewerage			Public Areas		
		Accommodation Establishments	Other Living Accommodation	Mosquitoes	Rodents	Other Pests	Streets/Canals, etc.	Vacant Land	Refuse/Intract	Animals	Water/Supplies	Drainage and Sewerage	Chalets	Public Assembly	Schools, Creches, etc.	Offensive Trades
ROUTINE	Inspection	1067	7260	169	302	192	4102	6572	1722	1212	189	2134	5557	1063	1157	24
	Sampling Specimens etc.	1	1				5				11	3				
LICENSING	Initial visits	48	21	13	22	1		1				1		139	74	
	Repeat visits	43	7				2				4	1		91	190	3
SPECIAL	Initial visits	142	1006	58	50	14	92	195	39	47	19	75	154	95	169	
	Repeat visits	20	255	22	50	6	69	65	28	22	7	75	42	44	56	
COMPLAINTS	Initial visits	83	1463	309	817	277	314	704	458	253	71	546	51	23	41	8
	Repeat visits	64	1220	188	657	296	262	812	328	281	39	437	18	20	33	3
NOTICES INITIATED	Verbal	43	172	14	30	13	16	45	77	37		57	1	25	16	
	Formal	77	283	6	20	13	18	327	45	34	1	49		17	10	
	Personal	52	268		2	12	3	157	44	16	3	31		7	3	
FOLLOW-UP VISITS AFTER NOTICES	Complied	141	588	17	12	19	53	441	148	55	6	112		32	38	
	Not Complied	243	1237	14	56	25	79	1551	188	119	5	141	4	56	51	
Court Appearances		13	24				4	11	2	4						
Condemning Foodstuffs		1	1													
Referred - Other Agencies		21	710	80	294	95	613	494	408	85	79	415	89	46	40	1
INTERVIEWS	Telephone	375	2454	258	688	346	616	1398	768	391	157	872	871	193	409	20
	Own Office	34	340	37	223	60	60	153	100	77	17	118	378	40	69	
	Other	79	716	20	176	60	215	439	332	168	44	271	188	88	119	3
PLANS	Scrutiny	2	2					3		31		2	2	2	1	
	Site Inspection	1	2					1	2	40	2	2		1	9	
OTHER		5	142	7	6	6	16	51		13	3	24	27	16	8	
TOTAL ITEMS		2555	18172	1212	3405	1435	6539	13420	4689	2885	657	5366	7382	1998	2493	62

Continued

Table IV.1 Continued

		Non Food Commerce/Industry								Food Commerce/Industry						
		Factories/Warehouses	Beauty Salons/Barbers	Dry Cleaners/Laundries	Mattress Makers Upholsterers	Shops/Offices	Workshops/Garages	Hawkers	Petshops and Petboarding	Factories/Warehouses and Markets	Restaurants etc.	Baker Shop	Butcher Shop	Fish Shop	Other Food Shops	Food Vehicles
ROUTINE	Inspection	164	917	95	25	1274	511	1252	42	342	3307	770	2065	832	4809	1040
	Sampling Specimens etc.	3				4	2	5		59	73	17	294	2	134	
LICENSING	Initial visits	123	172	81	110	1795	719	679	6	41	313	42	50	22	333	280
	Repeat visits	78	88	57	27	851	391	198	2	49	452	67	142	50	404	101
SPECIAL	Initial visits	38	342	7	1	124	113	35		121	549	49	210	114	1414	13
	Repeat visits	2	8	1	3	26	5	4		14	204	27	23	37	563	7
COMPLAINTS	Initial visits	18	5	6	3	123	35	28	4	15	157	18	28	24	146	10
	Repeat visits	8	1	1		80	26	28		16	108	11	18	28	122	8
NOTICES INITIATED	Verbal	5	32	2	1	48	32	40		5	168	57	226	76	563	77
	Formal	3	22	4	2	92	24	4	1	3	224	37	130	51	296	12
	Personal	4	6	2	1	36	24		3	5	111	24	55	17	211	4
FOLLOW-UP VISITS AFTER NOTICES	Complied	17	29	12	6	152	77	16	2	3	417	54	253	100	684	24
	Not Complied	22	54	20	11	206	97	11	7	14	516	249	403	144	1026	12
Court Appearances		4				7					2	2	4		16	2
Condemning Foodstuffs		7				7				124	6	2	14	77	1052	18
Referred - Other Agencies		9	3	2	2	52	16	46		11	27	4	13	3	187	5
INTERVIEWS	Telephone	88	126	59	81	935	257	305	9	114	743	158	200	164	1025	141
	Own Office	8	13	2	7	115	25	653	8	35	104	27	29	12	95	107
	Other	34	41	11	5	498	115	207	5	34	336	73	176	50	442	30
PLANS	Scrutiny	1	2	1	1	39	2	2		1	15	5	20	4	9	6
	Site Inspection	4	2	1		10	4			2	22	5	6	3	27	
OTHER		6	11		1	32	75	3		11	14	8	30	6	33	37
TOTAL ITEMS		646	1 874	364	287	6 506	2 550	3 516	89	1 019	7 968	1 706	4 389	1 816	13 591	1 934

Continued

Table IV.1 Continued

		Infectious Diseases						
		C S F	Typhoid	Diphtheria	Viral Hepatitis	Other	Other	TOTALS
ROUTINE	Inspection	27	42		21	233	308	50798
	Sampling Specimens etc.		120	1		465	10	1210
LICENSING	Initial visits	1			3	19	69	5178
	Repeat visits	10			7	18	31	3364
SPECIAL	Initial visits	133	54	6	221	478	250	6427
	Repeat visits	332	100	12	132	194	46	2501
COMPLAINTS	Initial visits					12	34	6084
	Repeat visits					9	12	5134
NOTICES INITIATED	Verbal						11	1989
	Formal							1805
	Personal					2	9	1112
FOLLOW-UP VISITS AFTER NOTICES	Complied						6	3514
	Not Complied					2	28	6591
Court Appearances		1					2	98
Condemning Foodstuffs						2	1311	
Referred - Other Agencies		7	5		15	18	19	3914
INTERVIEWS	Telephone	72	81	12	97	126	812	15421
	Own Office	10	6		10	17	66	3055
	Other	38	8	5	65	93	141	5325
PLANS	Scrutiny						2	155
	Site Inspection	3						149
OTHER		5	3		6	138	836	1579
TOTAL ITEMS		639	419	36	577	1824	2694	126714

Table IV.2 Magistrates Court cases heard at the instance of the City Health Department : 1982

Nature of Offence	Total	NUMBER OF CASES				Total With-drawn	Total Fines R
		Suspended sentences	Fined	Pending	Not Guilty		
Dwelling-house premises in insanitary conditions	29	2	24	Nil	Nil	3	1 055
Insanitary conditions or other offences at food premises	32	Nil	32	Nil	Nil	Nil	1 840
Selling foodstuffs in contravention of the Foodstuffs, Cosmetics and Disinfectants Act	18	Nil	16	Nil	1	1	1 190
Overgrown land	6	1	3	Nil	1	1	180
Air pollution smoke control	2	Nil	2	Nil	Nil	Nil	40
Criminal Procedure Act 1977 Section 341 -Compounding tickets	14	N/A	N/A	N/A	N/A	N/A	230

(In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded, the case is recorded in the table accordingly notwithstanding that the other accused may have been discharged).

Table IV.3 Approval for installation of Fuel Burning Appliances : 1982

Appliances	Coal	Coke	Anthracite	Paraffin	C.T.F.	H.F.O.	Interfuel	Diesel	Wood	Woodwaste	Gas	Approvals granted as-							
												Total No. Of Certificates Issued	Retentions	Installations	Resiting	Conversion	Replacement of Burner	Replacement of Chimney	Total No. Of Appliances Installed
Hot Water Boilers	7			2		4	2	2			1	3	1	17	1	2	1	1	21
Steam Boilers								13				28	7						28
Air Heaters								3				5							6
Replacement of chimneys to appliances																			
Ovens and Stoves		1	4	1		8		18	5		2	37	3	1				35	38
Pizza Ovens								5				5	4						5
Stand-by Generators									5			5	1						5
Forges																			
Furnaces	1											1		1					1
Dryers								1				1	1						1
Incinerators																			
Coffee and Chicory roasters																			
Cremators																			
Smoke boxes												2							2
Liquid Phase Heaters								1				1							1
Other appliances, dip tank etc.																			
Dutch oven																			
TOTAL								48	10	2	3	93	17	34	1	4	1	36	114

Table IV.4 Approval for Conversions of fuel burning appliances : 1982

	Steam Boilers	H/W Boilers	Furnaces	Dryers & Air Heaters	Total
Diesel to Anthracite Diesel to Interfuel Diesel to C.T.F. Diesel to Waste Oil Diesel to H.F.O. Anthracite to Diesel Gas to Diesel	2			3	5
TOTAL	2			3	5

Table IV.5 Air pollution Control : Visits, Complaints, Notices served, cases referred to Public prosecutor, plans and licences dealt with : 1982

VISITS MADE IN CONNECTION WITH		
Routine Inspection		1331
Other visits		387
Burning of waste		75
Proposed installations		142
Unofficial installations		51
Inspection where approvals have been granted		165
Excessive smoke emission		115
Complaints:	Burning of Waste	96
	Smoke	196
	Other emissions into atmosphere	157
Licences		69
Plans		17
Diesel vehicle testing		45
Demonstration of lighting-up fires		2
Court Cases		
Zone inspections		13
Office interviews		483
Air pollution monitors - (including Radiation monitors)		347
TOTAL		3 691
Complaints received of:		
	Smoke	69
	Burning of Waste material	39
	Other emissions into atmosphere	58
TOTAL		166
Notices served re:		
	Defective appliances	24
	Unofficial installations	17
Nuisances:		
	Smoke	4
	Other emissions	2
	Burning of Waste material	17
	Excessive smoke emissions	4
	On installers	5
TOTAL		72
Cases referred to Public Prosecutor		
Plans dealt with		21
Licences dealt with		51

Table IV.6 Air Pollution Monitor Results

TYPE: OXIDES OF NITROGEN (AS NITROGEN DIOXIDE) - LOCATION: CITY HALL, DARLING STREET VALUES ARE MICROGRAM/CUBIC METRE			THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:		
SUNDAY	99.7	396.	FOR ANY 1-HOUR PERIOD 1 428.8, STARTING AT 6H00 ON 1982-05-04		
MONDAY	176.6	349.	FOR ANY 3-HOUR PERIOD 1 052.8, STARTING AT 6H00 ON 1982-05-04		
TUESDAY	176.4	336.	FOR ANY 8-HOUR PERIOD 564.0, STARTING AT 5H00 ON 1982-04-02		
WEDNESDAY	181.7	315.	FOR ANY 24-HOUR PERIOD 415.9, STARTING AT 6H00 ON 1982-04-23		
THURSDAY	162.7	335.	FREQUENCY TABLE OF 1-HOURLY MEANS		
FRIDAY	199.1	361.	RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
SATURDAY	172.0	397.	MICROGRAM/CU. METRE		
0H00- 1H00	93.6	104.	0.00 - 99.99	955	955
1H00- 2H00	81.3	104.	100.00 - 199.99	803	1758
2H00- 3H00	63.3	104.	200.00 - 299.99	393	2151
3H00- 4H00	54.5	102.	300.00 - 399.99	188	2339
4H00- 5H00	59.3	102.	400.00 - 499.99	57	2396
5H00- 6H00	94.7	102.	500.00 - 599.99	36	2432
6H00- 7H00	215.4	100.	600.00 - 699.99	30	2462
7H00- 8H00	393.3	100.	700.00 - 799.99	10	2472
8H00- 9H00	393.1	100.	800.00 - 899.99	4	2476
9H00-10H00	255.8	100.	900.00 - 999.99	5	2481
10H00-11H00	195.9	100.	1000.00 - 1099.99	3	2484
11H00-12H00	183.5	104.	1100.00 - 1199.00	2	2486
12H00-13H00	172.5	107.	1200.00 - 1299.99	0	2486
13H00-14H00	151.5	107.	1300.00 - 1399.99	2	2488
14H00-15H00	149.0	106.	1400.00 - 1499.99	1	2489
15H00-16H00	157.1	106.			
16H00-17H00	199.2	106.			
17H00-18H00	218.6	106.			
18H00-19H00	160.4	106.			
19H00-20H00	160.5	105.			
20H00-21H00	144.5	105.			
21H00-22H00	131.7	105.			
22H00-23H00	143.8	104.			
23H00-24H00	121.7	104.			

Table IV.7 Air Pollution Monitor Results

TYPE: TOTAL OXIDANTS (AS OZONE)- LOCATION: CITY HALL, DARLING STREET VALUES ARE MICROGRAM/CUBIC METRE			THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:		
	ANNUAL MEAN	NUMBER OF VALUES AVERAGED	FOR ANY 1-HOUR PERIOD 431.6, STARTING AT 7H00 ON 1982-07-08		
SUNDAY	22.4	947.	FOR ANY 3-HOUR PERIOD 359.6, STARTING AT 9H00 ON 1982-06-01		
MONDAY	41.0	944.	FOR ANY 8-HOUR PERIOD 268.5, STARTING AT 5H00 ON 1982-06-01		
TUESDAY	45.0	994.	FOR ANY 24-HOUR PERIOD 174.6, STARTING AT 6H00 ON 1982-07-08		
WEDNESDAY	40.2	981.	FREQUENCY TABLE OF 1-HOURLY MEANS		
THURSDAY	45.3	949.	RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
FRIDAY	47.4	964.	MICROGRAM/CU. METRE		
SATURDAY	39.1	958.	0.00 - 99.99	6311	6311
0H00 - 1H00	23.6	279.	100.00 - 199.99	355	6666
1H00 - 2H00	19.3	278.	200.00 - 299.99	53	6719
2H00 - 3H00	15.6	278.	300.00 - 399.99	17	6736
3H00 - 4H00	13.6	278.	400.00 - 499.99	1	6737
4H00 - 5H00	12.5	278.	500.00 - 599.99	0	6737
5H00 - 6H00	17.6	278.	600.00 - 699.99	0	6737
6H00 - 7H00	38.7	278.	700.00 - 799.99	0	6737
7H00 - 8H00	70.9	278.	800.00 - 899.99	0	6737
8H00 - 9H00	89.1	278.	900.00 - 999.99	0	6737
9H00 - 10H00	70.2	278.	1000.00 - 1099.99	0	6737
10H00 - 11H00	54.9	278.	1100.00 - 1199.99	0	6737
11H00 - 12H00	48.0	282.	1200.00 - 1299.99	0	6737
12H00 - 13H00	45.3	282.	1300.00 - 1399.99	0	6737
13H00 - 14H00	39.3	282.	1400.00 - 1499.99	0	6737
14H00 - 15H00	39.0	284.			
15H00 - 16H00	40.0	285.			
16H00 - 17H00	46.3	285.			
17H00 - 18H00	54.1	285.			
18H00 - 19H00	43.5	285.			
19H00 - 20H00	39.0	283.			
20H00 - 21H00	39.4	283.			
21H00 - 22H00	36.6	281.			
22H00 - 23H00	35.0	281.			
23H00 - 24H00	31.0	280.			

Table IV.8 Air Pollution Monitor Results

TYPE: SULPHUR DIOXIDE - LOCATION: CITY HALL, DARLING STREET			THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:		
VALUES ARE MICROGRAM/CUBIC METRE			FOR ANY 1-HOUR PERIOD 383.5, STARTING AT 9H00 ON 1982-07-08		
			FOR ANY 3-HOUR PERIOD 344.5, STARTING AT 9H00 ON 1982-07-08		
			FOR ANY 8-HOUR PERIOD 228.3, STARTING AT 7H00 ON 1982-09-26		
			FOR ANY 24-HOUR PERIOD 124.6, STARTING AT 9H00 ON 1982-05-06		
			FREQUENCY TABLE OF 1-HOURLY MEANS		
			RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
SUNDAY	25.8	970.	0.00 - 99.99	7222	7222
MONDAY	34.0	1068.	100.00 - 199.99	224	7446
TUESDAY	34.3	1120.	200.00 - 299.99	41	7487
WEDNESDAY	32.2	1109.	300.00 - 399.99	11	7498
THURSDAY	36.3	1072.	400.00 - 499.99	0	7498
FRIDAY	40.6	1096.	500.00 - 599.99	0	7498
SATURDAY	30.8	1063.	600.00 - 699.99	0	7498
0H00 - 1H00	22.3	310.	700.00 - 799.99	0	7498
1H00 - 2H00	21.5	309.	800.00 - 899.99	0	7498
2H00 - 3H00	20.3	308.	900.00 - 999.99	0	7498
3H00 - 4H00	19.7	307.	1000.00 - 1099.99	0	7498
4H00 - 5H00	19.3	306.	1100.00 - 1199.99	0	7498
5H00 - 6H00	20.2	308.	1200.00 - 1299.99	0	7498
6H00 - 7H00	23.8	309.	1300.00 - 1399.99	0	7498
7H00 - 8H00	35.0	307.	1400.00 - 1499.99	0	7498
8H00 - 9H00	50.1	307.			
9H00 - 10H00	58.6	305.			
10H00 - 11H00	58.5	311.			
11H00 - 12H00	53.5	316.			
12H00 - 13H00	48.2	318.			
13H00 - 14H00	40.9	319.			
14H00 - 15H00	39.3	317.			
15H00 - 16H00	37.2	317.			
16H00 - 17H00	36.1	318.			
17H00 - 18H00	36.1	319.			
18H00 - 19H00	32.1	317.			
19H00 - 20H00	29.1	315.			
20H00 - 21H00	27.5	314.			
21H00 - 22H00	25.9	315.			
22H00 - 23H00	25.0	313.			
23H00 - 24H00	24.0	313.			

Table IV.9 Air Pollution Monitor Results

TYPE: SOILING INDEX			FREQUENCY TABLE OF 2-HOURLY MEANS		
LOCATION: CITY HOSPITAL, GREEN POINT					
			RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
SUNDAY	1.6	384.	0.00 - 9.99	2645	2645
MONDAY	2.9	386.	10.00 - 19.99	109	2754
TUESDAY	2.9	383.	20.00 - 29.99	18	2772
WEDNESDAY	1.7	398.	30.00 - 39.99	6	2778
THURSDAY	2.0	404.	40.00 - 49.99	4	2782
FRIDAY	2.5	414.	50.00 - 59.99	1	2783
SATURDAY	1.8	416.	60.00 - 69.99	1	2784
0H00 - 2H00	1.9	230.	70.00 - 79.99	1	2785
2H00 - 4H00	1.6	229.	80.00 - 89.99	0	2785
4H00 - 6H00	1.8	229.	90.00 - 99.99	0	2785
6H00 - 8H00	3.6	226.	100.00 - 109.99	0	2785
8H00 - 10H00	4.8	228.	110.00 - 119.99	0	2785
10H00 - 12H00	2.6	233.	120.00 - 129.99	0	2785
12H00 - 14H00	1.6	235.	130.00 - 139.99	0	2785
14H00 - 16H00	1.4	236.	140.00 - 149.99	0	2785
16H00 - 18H00	1.3	236.			
18H00 - 20H00	1.8	234.			
20H00 - 22H00	1.9	234.			
22H00 - 24H00	2.2	235.			
THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:					
FOR ANY 2-HOUR PERIOD 71.7, STARTING AT 8H00 ON 1982-08-20					
FOR ANY 8-HOUR PERIOD 49.8, STARTING AT 6H00 ON 1982-08-20					
FOR ANY 24-HOUR PERIOD 27.5, STARTING AT 0H00 ON 1982-08-20					

Table IV.10 Air Pollution Monitor Results

TYPE: SOILING INDEX LOCATION: CITY HALL, DARLING STREET			THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:		
	ANNUAL MEAN	NUMBER OF VALUES AVERAGED	FOR ANY 2-HOUR PERIOD 141.0, STARTING AT 8H00 ON 1982-06-01 FOR ANY 8-HOUR PERIOD 100.2, STARTING AT 6H00 ON 1982-06-01 FOR ANY 24-HOUR PERIOD 55.9, STARTING AT 20H00 ON 1982-05-31		
SUNDAY	3.3	484.	FREQUENCY TABLE OF 2-HOURLY MEANS		
MONDAY	8.4	515.	RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
TUESDAY	8.8	516.			
WEDNESDAY	7.1	518.			
THURSDAY	8.3	512.			
FRIDAY	8.9	523.			
SATURDAY	5.6	513.			
0H00 - 2H00	3.2	298.	0.00 - 9.99	2705	2705
2H00 - 4H00	2.7	297.	10.00 - 19.99	573	3278
4H00 - 6H00	3.4	295.	20.00 - 29.99	116	3394
6H00 - 8H00	10.7	295.	30.00 - 39.99	45	3439
8H00 - 10H00	16.8	291.	40.00 - 49.99	34	3473
10H00 - 12H00	10.7	302.	50.00 - 59.99	15	3488
12H00 - 14H00	7.4	302.	60.00 - 69.99	12	3500
14H00 - 16H00	7.2	302.	70.00 - 79.99	7	3507
16H00 - 18H00	8.3	302.	80.00 - 89.99	3	3510
18H00 - 20H00	5.8	301.	90.00 - 99.99	8	3518
20H00 - 22H00	5.5	298.	100.00 - 109.99	3	3521
22H00 - 24H00	5.2	298.	110.00 - 119.99	3	3524
			120.00 - 129.99	8	3532
			130.00 - 139.99	4	3536
			140.00 - 149.99	1	3537

Table IV.11 Air Pollution Monitor Results

TYPE: LEAD - LOCATION: CITY HALL, DARLING STREET			THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:		
VALUES ARE MICROGRAM/CUBIC METRE			FOR ANY 2-HOUR PERIOD 29.5, STARTING AT 6H00 ON 1982-05-28 FOR ANY 8-HOUR PERIOD 18.3, STARTING AT 6H00 ON 1982-05-28 FOR ANY 24-HOUR PERIOD 10.8, STARTING AT 20H00 ON 1982-05-31		
	ANNUAL MEAN	NUMBER OF VALUES AVERAGED	FREQUENCY TABLE OF 2-HOURLY MEANS		
SUNDAY	1.5	473.	RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
MONDAY	2.6	502.			
TUESDAY	2.5	504.			
WEDNESDAY	2.4	507.			
THURSDAY	2.6	499.			
FRIDAY	3.1	510.			
SATURDAY	2.6	501.			
0H00 - 2H00	1.5	290.	MICROGRAM/CU. METRE		
2H00 - 4H00	0.8	290.	0.00 - 0.19	93	93
4H00 - 6H00	0.7	288.	0.20 - 0.39	190	283
6H00 - 8H00	2.3	287.	0.40 - 0.59	225	508
8H00 - 10H00	4.4	285.	0.60 - 0.79	203	711
10H00 - 12H00	3.6	293.	0.80 - 0.99	189	900
12H00 - 14H00	2.8	295.	1.00 - 1.19	195	1095
14H00 - 16H00	2.6	294.	1.20 - 1.39	147	1242
16H00 - 18H00	3.3	296.	1.40 - 1.59	193	1435
18H00 - 20H00	2.7	294.	1.60 - 1.79	179	1614
20H00 - 22H00	2.6	292.	1.80 - 1.99	175	1789
22H00 - 24H00	2.4	292.	2.00 - 2.19	155	1944
			2.20 - 2.39	154	2098
			2.40 - 2.59	128	2226
			2.60 - 2.79	97	2323
			2.80 - 2.99	118	2441

Table IV.12 Sampling under Act No. 54 of 1972 : 1982

	NO. OF SAMPLES	PROSECUTED	WARNING LETTERS	FINES
Meat & meat products	564	8	11	R 655
Milk & milk products	30		1	
Toothpaste	1			
Fruit juices	24		1	
Soft drinks	37			
Vinegar	1			
Sweets	8			
Sauces	29	1		R 50
Tea and Coffee	10			
Nuts	2			
Salt	8			
Soup	1			
Spread	12			
Pickles	2			
Fish & fish products	1			
Custard powder	2			
Spices and condiments	3			
Flour, confectionery	5			
Sugar	5			
Cooking oil	25			
Fruit, vegetable & related products	9			
Artificial sweetner	1			
Health drinks	3			
Rice	4			
TOTAL	787	9	13	705

Table IV.13 Applications to trade reported on by the Medical Officer of Health :
1982

A Application received
 B Granting of licences recommended (without conditions)
 C Granting of licences recommended (subject to conditions)
 D Number under item 3 later reported as having complied with conditions
 E Refusal of licences recommended
 F Application withdrawn

			A	B	C	D	E	F
Under Municipal Regulations		Purveyors of Milk	4	4				
		Milk in Cartons						
		Milk in Tankers						
		Electrical Wiring Contractor	4	4				
		SUB TOTAL	8	8				
Under Provincial Ordinance No. 15 of 1953 as amended by Ordinance 17 of 1981 (The Registration of Businesses Ordinance)	Food Premises	Accommodation Establishments	25	19	6	6		
		Bakers	23	20	2	2	1	
		Butchers	35	26	9	9		
		Cafe Keepers	275	179	95	95	1	4
		Dairy Farms	220	214	6	6		1
		Dairy Shops	11	8	3	3		
		Eating Houses						
		Fish Mongers and Fish Friers	16	11	5	5		
		Food Manufacturers	24	12	12	12		
		General Dealers	1294	1058	232	232	4	17
		Hawkers	782	610	33	33	139	1
		Restaurants	36	21	15	15		
		Other Food Premises	25	18	7	7		1
		SUB TOTAL	2766	2196	425	425	145	24
	Non-Food Premises	Laundries and Dry Cleaners	30	22	7	7	1	
		Creches or Nursery Schools	18	14	4	4		
		Dealers in Motor vehicles and garages	175	103	71	71	1	1
		Kennels or pet boarding establishments	3	1	1	1	1	
		Offensive trades	3	2	1	1		
		Places of entertainment	169	112	55	55	2	1
		Workshops	450	374	75	75	1	6
		Other Non Food premises	1280	1013	263	263	4	12
		SUB TOTAL	2128	1641	477	477	10	20
Under Government Regulations		Mattress Makers and Upholsters	43	41	2	2		
		TOTAL	4945	3886	904	904	155	44

Table IV.14 Applications to trade in Administration Board areas dealt with in 1982

	LANGA	GUGULETU
General Dealer in Foodstuffs	2	4
General Dealer Non-foods		
Purveyor of Milk		
Hawkers	18	43
Butcher		
Storage of Inflammable Substances	1	1
Patent Medicine	1	1
Passenger Undertaking		
Street Photographer		1

Table IV.15 Dwellings completed by the City Council : 1982

	Number of Houses	
	Economic	Letting Units
Whites (Home ownership)		
Non-Whites (Home ownership)		
Heideveld		7
Manenberg		96
Mitchells Plain		4 895
TOTAL		4 998

Table IV.16 Applications to demolish or convert dwellings (not more than five rooms) and other residential premises recommended for approval or approved : 1982

No. of rooms per unit	1982
1	13
2	35
3	74
4	17
5	15
SUB-TOTAL (Dwellings)	154
6	6
7	1
8	
9	
10	3
11	
12	
13	
Multi-roomed boarding houses and hotels	3
SUB-TOTAL (Other Premises)	13

Table IV.17 Rodent Control Operations : 1978 - 1982

	1978	1979	1980	1981	1982
Inspections by pest control officers	3 342	2 189	2 634	5 099	2 863
Inspections re rodents by other inspectors	199	65	142	401	542
Inspections re mosquitoes by other inspectors	569	526	483	113	145
SUB TOTAL			3 259	5 613	3 550
Visits made to lands and premises by rat-catchers:					
Re rodents	45365	44834	45 519	38 209	42 314
Re mosquitoes	15304	7279	11 066	9 260	11 960
Numbers of notices served by pest control officers:					
Verbal	11	9	3	3	2
Written	32	12	13	12	30
SUB TOTAL			16	15	32
Number of rodents caught and destroyed:					
Brown rats	5887	6542	6 659	5 854	6 351
Black rats	142	110	131	130	98
Gerbilles		151	1	17	-
SUB TOTAL	6029	6803	6 791	6 001	6 449

(The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed).

V – COMMUNITY HEALTH CARE

Table V.1 Family Planning Clinic Attendances : 1972 - 1982

Year	Individuals attending the clinics	Persons attending for the first time	Total Atten- dances all clinics during the year	Race
1972	26 841	12 069	89 809	All
1973	32 240	14 703	87 445	All
1974	42 094	18 701	97 189	All
1975	38 130	9 660	119 136	All
1976	40 755	7 805	127 717	All
1977	45 539	4 454	143 349	All
1978	52 795	3 083	128 587	All
1979	62 632	3 100	174 647	All
1980	63 619	3 845	196 882	All
1981	6 399	680	18 559	White
	50 864	1 761	160 326	Coloured
	194	22	996	Asiatic
	11 334	1 548	28 923	Blacks
1982	68 791	4 011	208 804	All
	6 872	730	19 549	White
	59 516	1 989	164 717	Coloured
	278	13	952	Asiatic
	13 482	2 206	31 836	Blacks
	80 148	4 938	217 054	All

Table V.2 The Number of individuals attending at various different Family
Planning Clinics : 1978 - 1982

CLINIC	1978	1979	1980	1981	1982				
					W	C	A	B	Total
Northern Zone									
Bloemhof		126	150						
Brooklyn	205	216	339	378	324	35		5	364
Camps Bay	4	29	46	93	5	32		43	80
Chapel Street	1176	1142	897	639	5	602	5	41	653
City Hospital	43	42							
Civic Centre			1207	2049	1353	1049	6	107	2515
Devil's Peak	10	32	48	53	57	5		4	66
Factreton		527	554	676		617			617
Kensington	1720	958	847	819		597		8	605
Kloof Street	20	59	121	154	100	78		38	216
Langa	1589	4706	3417	3768				4888	4888
Maitland	509	551	588	523	232	331	1	26	590
Sanddrift	44	33	46	37	16	2		1	19
Sea Point (2 clinics)	17	262	722	786	136	338		354	828
Shortmarket Street	819	605	679	575	1	579	2	57	639
St James	1416	1538	616	663	325	306	1	32	664
Spencer Rd			1025	753	7	698		48	753
Thornton	15	22	46	56	42	8			50
Sub Total	7587	10848	11348	12022	2603	5277	15	5652	13547

Continued

Table V.2 Continued

	1978	1979	1980	1981	W	C	A	B	TOTAL
<u>Southern Zone</u>									
Blue Route Centre			52	115	130	4		10	144
Claremont	1464	3141	4070	4595	1755	999		1748	4502
Elfindale	106	216	380	266	11	208		8	227
Ferness Estate	12	117	134	96	79	7		1	87
Guguletu	3121	3105	3680	4002				4038	4038
Kalk Bay	58	56	69	66	3	51		29	83
Lansdowne	1456	1644	1167	1279	233	922		131	1286
Lavender Hill	1461	1599	1221	989		829			829
Meadowridge		76	104	132	129	10		10	149
Muizenberg	160	179	251	216	143	38		36	217
Newlands					24				24
Parkwood	901	818	856	683		623			623
Southfield	185	280	296	263	165	13		11	189
Retreat	3097	3234	3804	2149		2621		43	2664
Wetton				16	60	2			62
Wynberg	2950	2579	1881	2425	926	1718		1218	3862
Sub Total	14971	17044	17965	17292	3658	8045		7283	18986
<u>Eastern Zone</u>									
Beacon Valley						499			499
Bokmakierie	742	887	740	787		607	5	5	617
Bonteheuwel	3671	3049	3199	2060		2101		3	2104
Heideveld	1924	2004	2325	2242		2241	4	4	2249
Hanover Park	3280	2614	2076	1630		1564		1	1565
Honeyside	566	823	697	556		594	6	6	606
Lentegeur				2251	1	3092		42	3135
Manenberg	2424	3795	2219	1245		1932			1932
Netreg	731	1019	964	747		752			752
Newfields	267	345	392	406		314	5	3	322
Rocklands				1069		1338			1338
Silvertown	2688	2229	1592	1548		1616	243	13	1872
Strandfontein				148		213			213
Tafelsig				124		532			532
Westridge	1559	3158	4881	3408		3741		69	3810
Valhalla Park				460		555			555
Sub Total	17852	19923	19085	18681	1	21691	263	146	22101
TOTAL	40410	47815	48398	47995	6262	35013	278	13081	54634
Factories (Misc.)	12385	14817	15221	20796	610	24503		401	25514
GRAND TOTAL	52795	62632	63619	68791	6872	59516	278	13482	80148

Table V.3 The estimated percentage of women at risk of conceiving who attended family planning clinics at least once in 1981 and 1982, by race

RACE	FEMALE POPULATION	% 15-49	No. 15-49	No. Pregnant	No. Infertile (10%)	Inactive (10%)	Balance	Attended	% Cover
1981									
White	143042	48,53	69418	2892	6942	6942	52642	6399	12,16
Coloured	303966	48,68	147971	14728	14797	14797	103649	50864	49,07
Asian	6072	? 50	3036	148	303	303	2282	194	8,50
Black	59014	? 50	29507	4444	2951	2951	19161	11334	59,15
TOTAL	512094		249932	22212	24993	24993	177734	68791	38,70
1982									
White	145169	48,53	70450	2919	7045	7045	53441	6872	12,86
Coloured	315318	48,68	153496	16124	15350	15350	106672	59516	55,79
Asian	6235	?50	3117	129	312	312	2364	278	11,76
Black	53570	?50	26785	4644	2679	2679	16783	13482	80,33
TOTAL	520292		253848	23816	25386	25386	179260	80148	44,71

Table V.4 Mode of contraception currently used by individuals attending City Health Department Family Planning Clinics : 1982

RACE	PILL		INTRA- MUSCULAR		IUD		STERI- LIZATION *		OTHER		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	4880	71	1260	18,3	413	6	75	1,1	244	3,6	6872	100
Asiatic	111	39,9	65	23,4	27	9,7	11	4	64	23	278	100
Coloured	29433	49,5	21859	36,7	1340	2,3	899	1,5	5985	10,1	59516	100
Black:												
Guguletu	1508	37,3	2477	61,3	28	0,7	11	0,3	14	0,34	4038	100
Langa	2000	40,9	2864	58,6	14	0,3	7	0,15	3	0,06	4888	100
Other												
centres	1704	37,4	2707	59,4	114	2,5	8	0,18	23	0,5	4556	100
Total												
Black	5212	38,66	8048	59,7	156	1,16	26	0,2	40	0,3	13482	100
All races												
TOTAL	39636	49,45	31232	38,97	1936	2,4	1011	1,26	6333	7,9	80148	100

* OPERATIONS PERFORMED DURING THE YEAR.

Table V.5 Analysis of mode of contraception (excluding sterilisation) initially adopted by members of different Race Groups : 1973 - 1982 (Figures reflect the percentage of new acceptors in that group for each year)

Race and Year	Oral Contraception	Intra-muscular Contraception	Intra-uterine Contraceptive Devices	Other
WHITES				
1973	76	15	7	2
1974	77	17	5	2
1975	81	16	1	1
1976	74	14	10	2
1977	87	8	1	2
1978	82	11	2	5
1979	89	9	1	2
1980	92	7	0	1
1981	89	6	1	4
1982	86	8	2	4
COLOURED AND ASIATIC				
1973	59	34	4	3
1974	52	43	2	3
1975	46	51	1	2
1976	52	43	3	2
1977	61	33	3	4
1978	58	33	2	7
1979	63	32	1	4
1980	61	33	1	6
1981	76	19	0	5
1982	79	15	1	5
BLACK				
1973	44	52	4	0
1974	37	61	2	0
1975	33	65	2	0
1976	43	55	1	1
1977	37	61	1	1
1978	39	58	2	1
1979	47	51	1	2
1980	45	52	0	2
1981	34	62	1	3
1982	40	48	1	11

Table V.6 Total attendances at Ante-natal Clinics : 1973 - 1982

CENTRE	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
Northern Zone										
Aspeling Street	1490	1504	1201	1157	853	92				
Bloemhof						4				
Chapel Street						471	440	252	105	83
Factreton								29	31	86
Kensington	1014	711	779	660	824	662	449	447	304	199
Langa	2178	2782	2758	2073	1631	1745	2016	2255	2221	2358
Maitland	283	202	149	26		67	78	59	48	64
Salt River	488	583	419	308	289	37	33	68	30	22
Spencer Road						147	141	101	63	66
Sub Total	5453	5782	5306	4224	3597	3225	3157	3211	2802	2878
Southern Zone										
Claremont	1094									
Elfindale	3									
Guguletu I	6673	6362	5876	3606	2131	2521	2243	1844	1625	1352
Guguletu III	2935	2895	2906	1526						64
Kalk Bay	66	80	6							
Lansdowne	2270	1763	1505	1098	987	721	434	298	283	119
Lavender Hill		2388	2057	1628	1337	709	346	199	121	69
Parkwood	1846	1638	834	497	245	187	167	115	135	104
Retreat	6029	5386	3263	2747	2534	1019	472	172	67	52
Wynberg	1114	1843	1168	1314	1046	917	689	651	612	461
Sub Total	22030	22355	17615	12416	8280	6074	4351	3279	2843	2221
Eastern Zone										
Athlone	2207	2430	1350							
Bokmakierie	1747	1621	624			193	260	146	156	124
Bonteheuwel	4143	3956	2513	2209	1829	1422	952	848	755	648
Heideveld	1448	1589	1237	1022	890	1003	688	630	486	399
Hanover Park	5461	2621	1929	1391	1134	945	860	672		3
Honeyside						112	102	95	52	29
Lentegeur									37	39
Manenberg	1671	1460	1588	2096	1264	1205	1059	404	7	4
Netreg							341	383	363	282
Newfields					4	78	101	64	39	12
Silvertown	3169	2333	1665	2630	2065	1272	840	764	636	324
Westridge					12	566	1818	1318	393	239
Valhalla Park									48	61
Sub Total	19846	16010	10906	9348	7198	6796	7021	5324	2972	2164
TOTALS	47329	44147	33827	25988	19075	16095	14529	11814	8617	7263

Table V.7 Number of sessions, first and total attendances at Infant Welfare, Ante-natal and School Eye Clinics : 1982

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance				Attendance			Attendance	
	Race	Sessions	Under 1 year	Over 1 year	Total attendances	Sessions	1st	Total	Sessions	1st	Total
<u>Northern Zone</u>											
Brooklyn	W		147	1	2061						
	C		10		57						
	B				4						
	T	50	157	1	2122						
Camps Bay	W		54	2	534						
	C		5		28						
	B		16		84						
	T	22	75	2	646						
Chapel Street	W		1		11						
	C		229	2	4169		27	74			
	A		12		66						
	B		12		126		3	9			
	T	159	254	2	4372	52	30	83			
Devil's Peak	W		92		1234						
	C		9		67						
	B		5		38						
	T	48	106		1339						
Factreton	C	148	432	19	19688	53	86	86			
Kensington	C		338	2	12485		144	199			
	B		1		2						
	T	145	339	2	12487	88	144	199			
Kloof Street	W		194	27	1811						
	C		22	2	133						
	B		8		95						
	A		1		3						
	T	53	225	29	2042						
Langa	B	156	1408	368	18458	51	2313	2358			
Maitland	W		80		1115		2	2			
	C		94		1793		60	60			
	B		3		34		2	2			
	A		1		8						
	T	99	178		2950	43	64	64			
Sanddrift	W		10		92						
	C				1						
	T	11	10		93						
Sea Point	W		240	2	2807						
	C		37	1	349						
	A		1		5						
	B		29		343						
	T	100	307	3	3504						
Shortmarket Street	W		1		2						
	C		153		2749						
	A		1		19						
	B		1		52						
	T	96	156		2822						
Salt River	W		133	1	2056						
	C		142		2074		16	18		576	2227
	A		1		14						
	B		5		80		4	4			
	T	144	281	1	4224	20	20	22	131	576	2227
Spencer Road	W		2		69						
	C		173		4966		42	62			
	A		5		45						
	B		4		103		2	4			
	T	98	184		5183	44	44	66			
Thornton	W		53	2	870						
	C		3		9						
	B				8						
	T	47	56	2	887						

Continued

Table V.7 Continued

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance				Attendance			Attendance	
	Race	Sessions	Under 1 year	Over 1 year	Total attend-ances	Sessions	1st	Total	Sessions	1st	Total
Weizman Hall	W C B T	9	15 4 1 20		43 11 5 59						
Sub Total	W C A B T	1385	1022 1651 22 1493 4188	35 26 368 429	12705 48579 160 19432 80876	351	2 375 2324 2701	2 499 2377 2878	131	576 576	2227 2227
<u>Southern Zone</u>											
Blue Route	W C B T	48	102 9 2 113	1 1	1376 39 12 1427						
Claremont	W C B T	196	582 30 59 671	2 2	6520 653 999 8172						
Elfindale	W C B T	90	13 205 130 8 151	1 1	205 2671 103 2979						
Ferness Estate	W C T	48	63 2 65		1369 16 1385						
Free Ground	C B T	3			58 8 66						
Guguletu I	B	227	2091	279	37005	50	1109	1352			
Guguletu III	B	96	629	116	11807	2	54	64			
Kalk Bay	W C B T	54	8 26 5 39	3 3	60 879 48 987						
Lansdowne	W C B T	155	90 254 6 350		1450 7487 106 9041	39	5 58 5 68	10 104 5 119			
Lavender Hill	C B T	238	413 413	9 9	22238 2 22240	37	64 64	69 69			
Meadowridge	W C A B T	80	255 1 2 258	1 1	3301 33 1 42 3377						
Montcreef Farm	C	18	8	7	230						
Muizenberg	W C B T	49	109 6 8 123		1498 130 137 1765						
Newlands	W	37	150	1	1007						
Parkwood	C	106	261	4	12727	57	69	104			
Retreat	C B T	240	954 954	25 25	25660 2 25662	17	24 24	52 52			
Southfield	W C B T	63	217 1 1 219		3562 17 10 3589						
Wetton	W C T	48	60 1 61		1362 8 1370						
Wynberg	W C A B T	109	164 275 52 491		1704 4207 5 457 6373	47	20 124 125 269	34 270 157 461			

Continued

Table V.7 Continued

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance				Attendance			Attendance	
	Race	Sessions	Under 1 year	Over 1 year	Total attend-ances	Sessions	1st	Total	Sessions	1st	Total
Sub Total	W C A B T		1813 2371	5 49	23414 77053 14		25 339	44 599			
		1905	2863 7047	395 449	50728 151209	249	1293 1657	1578 2221			
Eastern Zone											
Beacon Valley	C	54	240	33	4175						
Bokmakierie	C A B T		319 2 2		10366 17 4		119	124			
		171	323		10387	79	115	124			
Bonteheuwel	C	244	1041		45812	195	626	648			
Heideveld	C B T		753		23351 4	171	386	399			
		270	753	1 1	23355	171	386	399			
Hanover Park	C	261	730	3	30777	3	1	3			
Honeyside	C A B T		386 29		9215 434 31		21	29			
		156	415		9780	25	21	29			
Lentegeur	C B T		1566	177	35141 1		9	39			
		199	1566	177	35142	27	9	39			
Manenberg	C	281	937	1	29077	4	1	4			
Netreg	C B T		408	5	16826		271 1	281 1			
		194	408	5	16826	142	272	282			
Newfields	C A B T		160 26 14		5055 335 157		9	12			
		113	200		5547	8	9	12			
Rocklands	C A B T		805 1 4	111 2	19994 4 93						
		122	810	113	20091						
Silvertown	C A B T		694 176 1	1 1	18867 2664 1		261 12	306 16 2		748	2836
		295	871	2	21532	101	273	324	132	748	2836
Strandfontein	C B T		125 1	5	3335 1						
		49	126	5	3336						
Tafelsig	C	82	344	71	7817						
Westridge	C A B T		1443 1 2	78	27695 9 32		73	239			
		218	1446	78	27736	51	73	239			
Valhalla Park	C	99	430	4	12866	36	61	61			
Sub Total	W C A B T		10381 235 24	489 1 3	300369 3463 324		1838 12 1	2145 16 3		748	2836
		2808	10640	493	304156	842	1851	2164	132	748	2836
Totals	W C A B T		2835 14403 257	40 564 1	36119 426001 3637		27 2552 12	46 3243 16		1324	5063
		6098	21875	766 1371	70484 536241	1442	3618 6209	3958 7263	263	1324	5063

Table V.8

Total attendances at Infant Welfare Clinics : 1973 - 1982

CENTRE	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
<u>Northern Zone</u>										
Aspeling Street	11656	8979	7390	6350	5607	752				
Bloemhof	3303	2631	2237	2076	2537	4068	5359	4419	269	
Brooklyn	1748	1940	1684	1978	2338	1869	2214	2333	2269	2122
Camps Bay	660	459	324	322	303	574	476	502	578	646
Chapel Street						9697	11758	9095	5386	4372
Devil's Peak	962	463	409	525	508	429	405	911	1040	1339
Factreton	6238	5308	5902	5645	8736	10340	11460	16905	17472	19688
Kensington	13485	11690	11846	11858	20770	23209	17478	16289	12860	12487
Kloof Street	2093	1863	1819	2112	2260	2297	2209	1784	2032	2042
Langa	3392	3694	4058	4272	9152	18651	18206	23431	21222	18458
Maitland	3135	2959	2423	2160	2877	3585	3601	3126	2706	2950
Sanddrift					229	470	572	241	170	93
Sea Point	1486	1547	1927	2436	2756	3318	3472	3939	3810	3504
Shortmarket Street	4084	3451	3483	3269	3766	4287	4281	4855	3495	2822
Salt River	9819	8559	7118	6729	6222	2972	2415	3833	4038	4224
Spencer Road						6446	7137	5787	5337	5183
Thornton	543	612	448	473	417	539	433	688	606	887
Weizman Hall										59
Sub Total	62604	54155	51068	50205	68478	93503	91476	98138	83290	80876
<u>Southern Zone</u>										
Lady Buxton					613	2239	81			
Heathfield	2002									
Blue Route								492	1574	1427
Claremont	3267	2971	2296	1290						
(Wesley Street)										
Claremont	4383	3886	3636	5326	6843	8420	9318	9114	9040	8172
(Station Road)										
Elfindale	1249	2067	2049	1903	2371	3498	3125	3084	3255	2979
Ferness Estate	179	416	566	584	859	1158	1540	1329	1414	1385
Free Ground										
(Vrygrond)							956	787	447	66
Guguletu I	14592	15070	13383	11445	21425	26942	31616	36365	30934	37005
Guguletu III	6696	6100	6353	3950					9523	11807
Kalk Bay	353	337	444	356	363	727	1070	917	880	987
Lansdowne	13611	12053	10537	11471	15836	17671	16275	13465	11027	9041
Lavender Hill	3088	17838	20264	20231	24508	30485	30068	25222	20779	22240
Meadowridge	350	588	703	1038	1685	2221	2501	2318	3425	3377
Montcreef Farm							193	658	243	230
Muizenberg	5494	261	345	748	1468	1522	1281	1234	1342	1765
Newlands										1007
Parkwood	12252	12252	11247	9135	9226	14321	15686	13657	11267	12727
Southfield	1182	2215	2510	2909	3616	3585	3040	3291	3335	3589
Retreat	35436	31617	22845	25250	27835	34723	38327	38744	26435	25662
Wetton									206	1370
Wynberg	6364	5603	4307	4624	7126	10498	8243	6694	6450	6373
Sub Total	110498	113274	101485	100260	123774	158010	163320	157371	141576	151209
<u>Eastern Zone</u>										
Athlone	14846	15054	13329							
Beacon Valley										4175
Bokmakierie	9640	8756	6872			7613	16794	15218	11298	10387
Bonteheuwel	25855	23971	26856	26735	33811	37261	46765	54586	49537	45812
Heideveld	19117	23689	23377	17860	24937	27193	27780	30609	28387	23355
Hanover Park	47125	35960	24399	21637	27508	29485	36553	35086	31089	30777
Honeyside						5589	8168	8993	8912	9680
Lentegeur									23428	35142
Manenberg	48853	40557	29343	28873	30549	27238	34224	38418	28660	29077
Netreg	14578	16843	14260	13102	13929	18138	18918	24009	17077	16826
Newfields	186	809	549	1303	762	4789	7342	7657	7030	5547
Rocklands									7979	20091
Silvertown	15973	13454	15676	32817	21397	26552	27536	28273	21133	21532
Strandfontein								935	3320	3336
Tafelsig									830	7817
Westridge					393	13385	24620	40758	31785	27736
Valhalla Park									7840	12866
Sub Total	196173	179093	154661	142327	153286	197243	248700	284542	278305	304156
TOTAL	369275	346522	307214	292792	345538	448756	503496	540050	503171	536241

Table V.9 Age at which Immunisations are routinely administered

AGE	IMMUNISATION
1 month	BCG
3 months	BCG if no scar seen Polio Diphtheria Whooping cough Tetanus
4 1/2 months	Polio Diphtheria Whooping cough Tetanus
6 months	BCG if no scar seen Polio Diphtheria Whooping cough Tetanus
7 months (at risk)	Measles
14 months (not at risk)	Measles*
18 months	Polio Diphtheria Whooping cough Tetanus
4 1/2-6 years	Diphtheria Tetanus

(*Booster is also given at 14 months if primary vaccination given before 1st birthday)

Table V.10 Immunisations against Poliomyelitis ; Diphtheria (D); Whooping Cough (Pertussis) (W or P) ; and Tetanus (T) : 1982

(a) POLIOMYELITIS																														
	Less than 1 year					1 year					2 - 6 years					School Age					Adults					TOTAL				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
First dose	2785	15749	225	3855	22614	42	375	3	175	595	93	490	7	286	876	174	58	1	5	238	39	2		3	44	3133	16674	236	4323	24367
Second dose	2697	15439	210	3199	21545	3	63		170	236	52	306	4	225	587	8	19		1	28	2	1		3	3	2762	15828	214	3595	22399
Completed course (three doses)	2716	15074	209	2651	20650	24	121	2	253	400	98	423	7	222	750	31	11		9	51	39	3		42	2908	15632	218	3135	21893	
Booster at 18 months						2306	10975	160	1247	14688															2306	10975	160	1247	14688	
Pre-school booster											1505	9007	54	747	11313											1505	9007	54	747	11313
Other booster																2143	10692	111	2249	15195	236	205		91	532	2379	10897	111	2340	15727

(b) DIPHTHERIA, WHOOPING COUGH AND TETANUS AGE GROUP																			
Under 1 year			1 Year			18 Months	2-6 Years			Pre-School	School Age				Total				
1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	
W	2766	2702	2708	1	4	15	2202	58	46	103	1442	18		1	1776	2843	2752	2826	5420
C	15704	15708	15346	58	60	117	10980	192	284	417	8947	6	3	2	9395	15960	16055	15882	29322
A	227	210	218	2		2	162	1	5	6	50				98	230	215	226	310
B	3845	3222	2688	152	170	254	1230	276	227	222	752	3			2240	4276	3619	3164	4222
T	22542	21842	20960	213	234	388	14574	527	562	747	11191	27	3	3	13509	23309	22641	22098	39274

Table V.11 Immunisations against Poliomyelitis ; Diphtheria; Whooping Cough and Tetanus at Langa or Guguletu 1982

POLIOMYELITIS																
First dose Second dose Completed Course (3rd dose) Booster At 18 months Pre-school booster Other booster	Less than 1 Year		1 Year		2-6 Years		School Age		Adults		TOTAL					
	Langa	Gugu- letu	Langa	Gugu- letu	Langa	Gugu- letu	Langa	Gugu- letu	Langa	Gugu- letu	Langa	Gugu- letu				
	1121	2250	55	112	145	131		3		2	1321	2498				
	899	1895	65	100	110	102	1				1075	2097				
	659	1577	100	146	103	108	5	4			867	1835				
			311	701							311	701				
					236	379					236	379				
							17	97	30	40	47	137				
DIPHTHERIA, WHOOPING COUGH AND TETANUS																
Langa Guguletu TOTAL	Under 1 year			1 Year			18 Months	2-6 Years			Pre- School	School Age				Total
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	
	1110	899	658	55	65	103	309	144	111	106	234				7	3801
	2248	1916	1589	91	98	146	699	121	102	104	382	2			97	7595
	3358	2815	2247	146	163	249	1008	265	213	210	616	2			104	11396

Table V.12 B.C.G. Vaccination by race and age : 1981 - 1982

	1981					1982						
	Under 6 Months	6 - 12 Months	Others	School	Total	Under 6 Months 1st		6 - 12 Months Repeated		Others	School	Total
Whites	3067	21	174	1972	5234	2890	28	12	7	187	162	3286
Coloureds	15556	251	1915	17676	35398	15082	89	78	116	1329	27624	44318
Asiatic	297	2	17	10	326	234	-	4	-	10	216	464
Blacks	4099	160	495	1122	5876	3616	18	65	21	341	2883	6944
TOTAL	23019	434	2601	20780	46834	21822	135	159	144	1867	30885	55012

Table V.13 Immunisation against Measles : 1978 - 1982

	1978	1979	1980	1981				1982						
		Total	Total	Under 1 Yr	1 Yr	2 Yrs & Over	Total	1st time ever given			Repeat			
								Under 1 Yr	1 Yr	2 Yrs & Over	Under 1 Yr	1 Yr	2Yrs & Over	TOTAL
Whites		3257	3355	1971	1284	55	3310	1760	278	48	14	896	11	3007
Coloureds		26500	26549	13138	12322	1104	26564	14362	1317	237	513	11555	410	28394
Asiatic		283	362	222	184	8	414	226	2		3	221	2	454
Blacks		4435	5793	2913	2402	947	6262	3209	367	254	137	1520	163	5650
TOTAL	29948	34475	36059	18244	16192	2114	36550	19557	1964	539	667	14192	586	37505

Table V.14 Attendances at the Cape Town City Council Creches and Nursery Schools : 1982

Nursery School	Creche attached	Sessions	New entrants	Average total on register	Average Attendances per session	Total Attendances
Shelley Street		207	27	50	42	8776
Langa	Yes	249	51	80	66	16339
Bokmakierie	Yes	207	42	80	64	13336
Bonteheuvel	Yes	207	31	80	66	13567
Heideveld	Yes	207	26	80	70	14403
Manenberg	Yes	207	40	80	69	14195
Guguletu NY6	Yes	249	15	80	56	14031
Retreat	Yes	207	38	80	78	16092

Note: All those nursery schools registered for 80 children, cater for 60 children aged 2 - 6 years and 20 children from 3 months to 2 years.

Table V.15 Ophthalmic School Clinics held, attendances thereat and the number of spectacles fitted : 1982

	Coloured	Total
Number of new cases	1324	1324
Total attendances	5063	5063
Number of sessions held	263	263
Children fitted with spectacles	1641	1641
Part Paying	1499	1499
Free	142	142

Table V.16 Attendances at Geriatric Clinics : 1982

CLINIC AS FROM	Heideveld	Silvertown	Retreat	Lavender Hill	Kensington	Westridge	Brooklyn	Guguletu	Bokmakierie	Honey-side
Number of sessions held	22	17	10	10	8	20	10	18	4	1
Number of new attendances	89	74	46	35	52	92	38	73	16	4
Number of total attendances	126	110	54	64	52	145	47	87	30	8
Denture referrals	20	18	2		1	8		4	4	
Spectacle referrals	40	45	18	10	5	13	1	20	6	5
Hearing aid referra	8	6		1	-	10	-	3	-	-
Chiropody referrals	43	34	16	14	23	87	39	9	6	2
Social Worker referrals	7	5	-	1	-	2	1	-	4	2
Physiotheraphy referrals	2	4	1	-	-	1	-	-	-	-
Day Hospital referrals	57	20	36	25	4	30	12	33	9	3
General Hospital referrals	32	19	8	13	2	10	4	18	9	1
Other	22	14	-	1	-	23	3	19	4	-
CLINIC AS FROM	Langa	Wynberg	Bonteheuvel	Parkwood	Lansdowne	Manenberg	Hanover Park	Lentegeur	Sea Point	Total
Number of sessions held	7	4	17	8	8	21	20	18	11	234
Number of new attendances	44	6	77	25	40	59	65	72	79	986
Number of total attendances	60	33	87	32	73	98	137	152	85	1480
Denture referrals	1		14	7	1	11	14	13	2	120
Spectacle referrals	4		30	13		17	31	16	5	279
Hearing aid referrals	-		7	1		2	8	11	3	60
Chiropody referrals	6	32	45	24	2	11	33	69	21	516
Social Worker referrals	-		1	1		4	10	6	1	45
Physiotheraphy referrals	-								6	14
Day Hospital referrals	12		33	17	3	26	41	46	-	407
General Hospital referrals	3		34	14	1	18	17	14	16	233
Other	1		14	4		3	15	10	13	146

Table V.17 Health Education Lectures given during 1982 by Venue, Subject, Number of Lectures and Attendances

VENUES	SUBJECTS	NO. OF LECTURES	ATTENDANCES
Child Welfare Clinics and Community Centres	Nutrition, family planning, cervical cytology, tuberculosis, food-borne disease, infant care and feeding, immunisation, general and personal hygiene, accident prevention, care of feeding bottles and teats, physiology of labour	1546	82196
Hospitals	Nutrition, family planning, tuberculosis, mouth to mouth resuscitation	157	4149
Voluntary Organisations	Family planning, nutrition, venereal disease, mouth to mouth resuscitation	9	217
Food Premises	Food hygiene, personal hygiene, elementary bacteriology, venereal disease	37	515
Technical Colleges	Principles and techniques of health education	1	25
Schools	Pollution, drugs, smoking and health, mouth to mouth resuscitation, dental hygiene and public health	29	951
Factories	Family planning, sex education, venereal disease, tuberculosis, mouth to mouth resuscitation, nutrition	10	250
Hostels	Tuberculosis, venereal disease Public Health	17	1340

Table V.18 Analysis of Home Visiting by Reason for, or Nature of, the Visits :
1981 - 1982

	1981	1982	% CHANGE
Routine House to House	30059	28902	-4%
Family Planning Defaulters	2893	3239	+12%
Ante-Natal Cases	2325	2494	+7%
New Births	20292	21699	+7%
Immunisation Defaulters	8944	8388	-6%
Protected Infants	1246	1233	-1%
Infectious Diseases:			
Tuberculosis:			
- New cases	1587	2060	+30%
- Follow up	15410	21512	+40%
Gastro-Enteritis	65	241	+271%
Venereal Disease	2795	3009	+8%
Other	196	273	+39%
Total	20053	27095	+35%
Geriatrics	7889	6878	-13%
Other *	105288	98294	-7%
TOTAL	199439	198222	-0,6%

* Deaths, Still births, heaf test readings, sub-visits from three months to school age, hearing tests, school children, psychiatric patients, hospital follow-up visits.

Table V.20 Adverse reactions to immunization or related procedures : 1982

IMMUNIZED FOR	COMPLICATIONS	NUMBER OF PATIENTS	TOTAL	OVERALL INCIDENCE PER 1 000 INJECTIONS
BCG		Nil	Nil	
DT	Local inflammatory reaction	1	1	0,04
DT and polio		Nil	Nil	
DWT and polio	Pyrexia and local inflamma- tory reaction	1	1	0,01
DWT	Cyanosis	1		
	Local inflammatory reaction	2		
	Vomiting and twitching	1	5	0,06
	Swelling left arm	1		
Measles	Macular rash	1	1	0,03
TOTAL			8	

Table V.21 New Cases and Total Attendances by Race, Sex and Diagnosis of Sexually Transmitted Diseases : 1981 - 1982

1981														
NEW CASES								TOTAL ATTENDANCES						
	White			C, A & B			Total	White			C, A & B			Total
	M	F	T	M	F	T		M	F	T	M	F	T	
01 Seronegative primary Syphilis	15	1	16	144	33	177	193	39	2	41	365	116	481	522
02 Seropositive primary Syphilis	16		16	451	38	489	505	48		48	1204	170	1374	1422
03 Secondary Syphilis	4	1	5	54	78	132	137	18	2	20	171	407	578	598
04 Tertiary Syphilis	1		1	5	6	11	12	2		2	42	28	70	72
05 Latent Syphilis	7	5	12	246	908	1154	1166	25	19	44	1442	5758	7200	7244
06 Neurosyphilis	1		1	2	2	4	5	1		1	23	13	36	37
07 Congenital Syphilis (under 1 year)				7	12	19	19				36	22	58	58
08 Congenital Syphilis (over 1 year)					1	1	1		1	1	1	1	2	3
Sub Total (Syphilitic infections)	44	7	51	909	1078	1987	2038	133	24	157	3284	6515	9799	9956
09 Gonorrhoea	232	19	251	6156	431	6587	6838	357	30	387	8368	932	9300	9687
10 Gonococcal Vulvovaginitis				2	7	9	9	1		1	2	25	27	28
11 Gonococcal Opnthalmia				1		1	1				3	4	7	7
Sub Total (Gonorrhoeal Infections)	232	19	251	6159	438	6597	6848	358	30	388	8373	961	9334	9722
12 Ulcus Molle	1		1	102	5	107	108	3		3	244	17	261	264
13 Lymphogranuloma Venereum				13	2	15	15				34	2	36	36
14 Granuloma Inguinale											1	2	3	3
15 Venereal Warts	2		2	70	14	84	86	4		4	130	38	168	172
16 Non-specific Urethritis	56		56	869	6	5	931	101		101	1877	25	1902	2003
16 (a) Reiters Syndrome				4	1	5	5				11	1	12	12
Sub Total (other venereal diseases)	59		59	1058	28	1086	1145	108		108	2297	85	2382	2490
TOTAL V.D. Cases	335	26	361	8126	1544	9670	10031	599	54	653	13954	7561	21515	22168
17 Non-venereal	106	33	139	2176	1401	3577	3716	198	63	261	3834	2537	6371	6632
18 Undiagnosed														
GRAND TOTAL	441	59	500	10302	2945	13247	13747	797	117	914	17788	10098	27886	28800
1982														
NEW CASES								TOTAL ATTENDANCES						
	White			C, A & B			Total	White			C, A & B			Total
	M	F	T	M	F	T		M	F	T	M	F	T	
01 Seronegative primary Syphilis	5		5	64	2	66	71	15		15	169	17	186	201
02 Seropositive primary Syphilis	11	1	12	406	38	444	456	84	2	86	1059	205	1264	1350
03 Secondary Syphilis		3	3	58	61	119	122	25	6	31	193	316	509	540
04 Tertiary Syphilis				3	1	4	4				23	4	27	27
05 Latent Syphilis	22	5	27	266	881	1147	1174	83	19	102	1423	6353	7776	7878
06 Neurosyphilis				9	2	11	11		1	1	50	20	70	71
07 Congenital Syphilis (under 1 Year)				11	11	22	22				33	49	82	82
08 Congenital Syphilis (over 1 Year)				6	1	7	7				11	4	15	15
Sub Total (Syphilitic infections)	38	9	47	823	997	1820	1867	207	28	235	2961	6968	9929	10164

Continued

Table V.21 Continued

1982													
NEW CASES								TOTAL ATTENDANCES					
White				C, A & B				White			C, A & B		
							Total						Total
	M	F	T	M	F	T		M	F	T	M	F	T
09 Gonorrhoea	148	27	175	6452	471	6923	7098	284	52	336	7817	1072	8889
10 Gonococcal vulvovaginitis					3	3	3					10	10
11 Gonococcal ophthalmia					1	1	1				2	2	4
Sub Total (Gonorrhoeal infections)	148	27	175	6452	475	6927	7102	284	52	336	7819	1084	8903
12 Ulcus molle	7		7	161	18	179	186	13		13	402	38	440
13 Lymphogranuloma Venereum				6	2	8	8				16	15	31
14 Granuloma Inguinale				4	3	7	7				12	10	22
15 Venereal warts	3		3	81	9	90	93	7		7	165	30	195
16 Non-specific Urethritis	43	1	44	794	6	800	844	113	2	115	2113	25	2138
16 (a) Reiters syndrome				3		3	3	1		1	11		11
Sub Total (other venereal diseases)	53	1	54	1049	38	1087	1141	134	2	136	2719	118	2837
TOTAL V.D. Cases	239	37	276	8324	1510	9834	10110	625	82	707	12499	8170	21669
17 Non-venereal	108	26	134	2069	1092	3161	3295	206	47	253	3795	1985	5780
18 Undiagnosed													
GRAND TOTAL	347	63	410	10393	2602	12995	13405	831	129	960	17294	10155	27449
Herpes (included in 17 Non-venereal	10		10	98	6	106	114	20	1	21	188	13	201

Table V.22 New Cases of S.T.D. by Diagnosis, Race Group and Sex; and incidence Rates for all forms of S.T.D. together: 1973 - 1982

YEAR	Syphilis Congenital				Syphilis Other				Gonorrhoeal Infections				Other Venereal Diseases				Total	Incidence rate per 1 000 Population
	W		C, A&B		W		C, A&B		W		C, A&B		W		C, A&B			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1973	2 1	1	8	13	57	15	1604	2287	193	17	7905	456	65	7	157	35	12819	16,6
1974			14	20	95	15	1657	2143	242	30	8107	406	59	6	230	38	13062	16,4
1975			20	16	115	14	1584	1947	207	31	8142	390	65	5	446	35	13017	15,9
1976			41	34	113	13	1613	1949	226	19	7737	405	50	3	734	48	12985	14,4
1977			29	27	102	8	1743	1797	187	11	8322	445	37		431	39	13180	15,20
1978			22	46	94	23	1573	1882	215	22	8170	498	34	3	369	31	12984	14,52
1979			19	20	54	13	1185	1185	196	23	8086	579	39	2	339	43	11783	12,83
1980			3	5	59	9	1316	1270	210	21	4590	530	62	2	701	44	8822	9,33
1981			7	13	44	7	902	1065	232	19	6159	438	59		1058	28	10031	10,31
1982			17	12	38	9	806	985	148	27	6452	475	53	1	1049	38	10110	10,09

Table V.23 New Cases of S.T.D. in Teenagers by Race Group, Sex and Diagnosis : 1982

		WHITE			C, A & B			TOTAL		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Age in Years	13				2	2	4	2	2	4
	14	1		1	1	1	2	2	1	3
	15				6	7	13	6	7	13
	16	2		2	24	24	48	26	24	50
	17		2	2	51	38	89	51	40	91
	18	3		3	129	51	180	132	51	183
	19	2	1	3	159	74	233	161	75	236
TOTAL		8	3	11	372	197	569	380	200	580
Diag- nosis	Syphilis 1-8	3		3	69	140	209	72	140	212
	Gonorrhoea 9-11	5	3	8	244	52	296	249	55	304
	Other venereal Diseases 12-16				59	5	64	59	5	64
	TOTAL	8	3	11	372	197	569	380	200	580

Table V.24 New Cases and Incidence Rates by Race Group, Sex and Diagnosis (Separately) : 1981 - 1982

	1981		1982	
	New Cases	Incidence Rate	New Cases	Incidence Rate
RACE:				
White	361	1,32	276	1,00
Coloured, Asiatic and Black	9670	13,81	9834	13,57
SEX:				
Male	8461	18,35	8563	17,78
Female	1570	3,07	1547	2,97
DISEASES:				
Syphilis	2018	2,07	1838	1,83
Syphilis, congenital	20	0,02	29	0,02
Gonorrhoea	6848	7,04	7102	7,09
Other Venereal diseases	1145	1,18	1141	1,14
TOTAL VD CASES	10031	10,31	10110	9,99
Non-venereal diseases Undiagnosed	3716		3295	

Table V.25 New Cases of, and the percentage of all cases of S.T.D. represented by, Venereal Warts, Non-Specific Urethritis and Total S.T.D. other than Syphilis or Gonorrhoea by Race Group and Sex : 1978 - 1982

	1978			1979			1980			1981			1982		
	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD
WHITE MALE:															
15 Venereal Warts							5	8,0	1,5	2	3,4	0,6	3	5,7	1,3
16 Non-Specific Urethritis	32	94	9,30	32	82	11,1	54	87,1	16,3	56	95,0	16,7	43	81,1	18,0
Total 'other' venereal disease	34	100	9,88	39	100	13,5	62	100	18,7	59	100	17,61	53	100	22,2
TOTAL S.T.D. Cases	344	-	100	289	-	100	331		100	335		100	239		100
WHITE FEMALE:															
15 Venereal Warts	1	33	2,04												
16 Non-Specific Urethritis	2	67	4,08	2	100	5,3	2	100	6,3				1	100	2,7
Total 'other' venereal disease	3	100	6,12	2	100	5,3	2	100	6,3				1	100	2,7
TOTAL S.T.D. Cases	49	-	100	38	-	100	32		100	26		100	37		100
COLOURED, ASIATIC AND BLACK MALE															
15 Venereal Warts	78	21	0,77	55	16,2	0,57	62	8,8	0,9	70	6,62	0,86	81	7,72	0,97
16 Non-Specific Urethritis	257	70	2,54	117	34,5	1,22	506	72,2	7,7	869	82,14	10,7	794	75,69	9,54
Total 'other' venereal disease	369	100	3,64	339	100	3,52	701	100	10,6	1058	100	13,02	1049	100	12,6
TOTAL S.T.D. Cases	10134	-	100	9629	-	100	6 610		100	8126		100	8324		100
COLOURED, ASIATIC AND BLACK FEMALE															
15 Venereal Warts	19	61	0,77	23	53,5	1,26	23	52,3	1,2	14	50	0,9	9	23,7	0,6
16 Non-Specific Urethritis	2	6	0,08	3	7,0	0,16	13	29,5	0,7	6	21,4	0,4	6	15,8	0,4
Total 'other' venereal disease	31	100	1,26	43	100	2,35	44	100	2,4	28	100	1,8	38	100	2,52
TOTAL S.T.D. Cases	2457	-	100	1827	-	100	1 849		100	1544		100	1510		100

Table V.26 Sessions held, New Cases seen and Total Attendances at Clinics : 1982

CENTRE	SESSIONS	NEW CASES		ATTENDANCES	
		White	C A & B	White	C A & B
<u>Northern Zone</u>					
Chapel Street	101	30	140	79	367
Honeyside					
City Hospital,					
Portswood Road	152	221	956	531	1903
Kensington	51	1	151	1	452
Langa	46		441		1153
Spencer Road	199	93	7686	218	12076
Sub Total	549	345	9474	829	15951
<u>Southern Zone</u>					
Guguletu	50		565		1779
Lansdowne	37	3	36	5	107
Lavender Hill	49		53		378
Parkwood	45		49		209
Retreat	52	1	158	1	763
Wynberg	153	61	1083	125	2195
Sub Total	386	65	1944	131	5431
<u>Eastern Zone</u>					
Bokmakierie	4		4		8
Bonteheuwel	52		285		986
Heideveld	49		214		692
Hanover Park	52		208		922
Lentegeur	50		250		741
Manenberg	50		166		675
Netreg	47		126		433
Newfields					
Silvertown	51		193		804
Westridge	51		230		799
Valhalla Park	1		1		7
Sub Total	407		1677		6067
TOTAL	1342	410	12995	960	27449

Table V.27 Special Examinations : 1982

8380 blood specimens and 330 smears were sent to the Government laboratory for examination.

Table V1.3 Notifications of Tuberculosis (all forms) by the form of Disease and Residential Status of the Patient : 1982

	PULMONARY					OTHER FORMS					ALL FORMS																								
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T																				
City	48	1 671	4	67	1 790	2	45	2	2	51	50	1 716	6	69	1 841																				
Langa		2		596	598				18	18		2		614	616																				
Guguletu		15		924	939		2		22	24		17		946	963																				
TOTAL LOCAL	48	1 688	4	1 587	3 327	2	47	2	42	93	50	1 735	6	1 629	3 420																				
Imported	2	41		307	350				8	8	2	41		315	358																				
Out of City	3	35		35	73		1			1	3	36		35	74																				
TOTAL	53	1 764	4	1 929	3 750	2	48	2	50	102	55	1 812	6	1 979	3 852																				
PULMONARY																																			
	LUNGS					PLEURAL EFFUSION					PRIMARY COMPLEX OR MEOIASTINAL GLANDS					TOTAL 'PULMONARY FORMS'																			
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T															
City	37	1 296	2	55	1 390	7	75	1	1	84	4	300	1	11	316	48	1 671	4	67	1 790															
Langa		1		519	520		1		21	22				56	56				596	598															
Guguletu		10		672	682		2		37	39		3		215	218		15		924	939															
TOTAL LOCAL	37	1 307	2	1 246	2 592	7	78	1	59	145	4	303	1	282	590	48	1 688	4	1 587	3 327															
Imported	2	32		218	252		1		8	9		8		81	89	2	41		307	350															
Out of City	2	30		33	65	1	2		1	4		3		1	4	3	35		35	73															
TOTAL	41	1 369	2	1 497	2 909	8	81	1	68	158	4	314	1	364	683	53	1 764	4	1 929	3 750															
FORMS OF TUBERCULOSIS OTHER THAN PULMONARY																																			
	MENINGES					ABOOMINAL					ORTHOPAEIC					GLANDS OTHER THAN MEOIA-STINAL					GENITO-URINARY SYSTEM					OTHER ORGANS FORMS'					TOTAL 'OTHER'				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T					
City	5			5							1	8	1		10	1	19		2	22		3			3		10	1		11	2	45	2	2	51
Langa		2		2										6	6				6	6				2	2				2	2		18	18		
Guguletu	1	4	5		1	1			1	3	4			5	5				1	1				8	8			2		22	24				
TOTAL LOCAL	6	6	12		1	1	1	9	1	9	20	1	19	13	33		3		3	6		10	1	10	21	2	47	2	42	93					
Imported		2		2		2	2							2	2		2			1				2	2			1		8	8				
Out of City																			1																
TOTAL	6	8	14		3	3	1	9	1	9	20	1	19	15	35		4		3	7		10	1	12	23	2	48	2	50	102					

W White; C Coloured; A Asiatic; B Blacks; T Total

Table V1.4 Notification of Tuberculosis (all forms) 1982

RACE	PULMONARY TUBERCULOSIS						OTHER FORMS						TOTAL								
	Local			Imported			Local			Imported			Local			Imported			TOTAL		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
WHITES	35	13	48	2		2	1	1	2				36	14	50	2		2	38	14	52
COLOURED:																					
Langa	2		2										2		2				2		2
Guguletu	5	10	15					2	2				5	12	17				5	12	17
Rest of City	930	741	1 671	13	28	41	18	27	45				948	768	1 716	13	28	41	961	796	1 757
Total	937	751	1 688	13	28	41	18	29	47				955	780	1 735	13	28	41	968	808	1 776
ASIANS	1	3	4				1	1	2				2	4	6				2	4	6
BLACKS:																					
Langa	431	165	596	107	64	171	13	5	18		5	5	444	170	614	107	69	176	551	239	790
Guguletu	564	360	924	61	59	120	10	12	22	2	1	3	574	372	946	63	60	123	637	432	1 069
Rest of City	47	20	67	15	1	16		2	2				47	22	69	15	1	16	62	23	85
Total	1 042	545	1 587	183	124	307	23	19	42	2	6	8	1 065	564	1 629	185	130	315	1 250	694	1 944
TOTAL	2 015	1 312	3 327	198	152	350	43	50	93	2	6	8	2 058	1 362	3 420	200	158	358	2 258	1 520	3 778

Table VI.5 Notification Rates per 1 000 of the population of Pulmonary and other forms of Tuberculosis separately and together for Local Cases, by Race : 1978 - 1982

	1978	1979	1980	1981	198 2
<u>PULMONARY</u>					
White	0,2	0,2	0,14	0,11	0,17
Coloured	1,99	1,93	2,06	2,39	2,84
Asiatic	0,6	0,6	0,57	0,47	0,31
Black	8,54	10,69	11,13	11,51	13,58
TOTAL	2,24	2,44	2,56	2,80	3,32
<u>OTHER</u>					
White	0	0,01	0,01	0,02	0,01
Coloured	0,05	0,06	0,07	0,07	0,08
Asiatic	0,09				0,15
Black	0,25	0,21	0,24	0,39	0,36
TOTAL	0,06	0,06	0,07	0,09	0,09
<u>ALL FORMS</u>					
White	0,2	0,16	0,15	0,14	0,18
Coloured	2,05	1,99	2,12	2,46	2,92
Asiatic	0,69	0,58	0,57	0,47	0,46
Black	8,79	10,9	11,37	11,91	13,93
TOTAL	2,3	2,5	2,63	2,89	3,41

Table VI.6 Some Estimations of Age-Race specific incidence Rates per 10 000 Population of Notified Cases of Tuberculosis (all forms, local and imported cases): 1982

	1970 ESTIMATED PERCENTAGE OF CAPE TOWN POPULATION BY ETHNIC COMMUNITY	1982 POPULATION ESTIMATE	TB ALL FORMS LOCAL AND IMPORTED	RATE PER 10 000 POPULATION
WHITE				
0 - 4 years	8,23	22 800	3	1,32
5 - 9 years	7,78	21 554		
10 - 14 years	7,98	22 108		
15 years - over	76,01	210 578	49	2,33
All ages	100	277 040	52	1,88
COLOURED				
0 - 4 years	15,1	89 836	231	25,71
5 - 9 years	14,6	86 861	148	17,04
10 - 14 years	12,47	74 189	73	9,84
15 years - over	57,83	344 054	1 324	38,48
All ages	100	594 940	1 776	29,85
ASIAN				
All ages	100	12 990	6	4,62
BLACK				
All ages	100	116 900	1 944	166,30

Table VI.7 Pulmonary Tuberculosis (affecting Pleura, Lungs and Pulmonary Lymphatic Drainage System); Notifications and Incidence Rates per 1 000 Population for Local Cases and Notifications of imported cases, by Race: 1981 - 1982

	LOCAL CASES ONLY				IMPORTED CASES	
	NOTIFICATIONS		RATE PER 1 000 POPULATION		NOTIFICATIONS	
	1981	1982	1981	1982	1981	1982
White	31	48	0,11	0,17	3	2
Coloured	1373	1 688	2,39	2,84	26	41
Asiatic	6	4	0,47	0,31		
Blacks:						
Langa	512	596	20,04	25,40	153	171
Guguletu	748	924	11,43	13,65	90	120
Rest of City	53	67		3,28	28	16
Black Total	1313	1 587	11,51	13,58	271	307
TOTAL	2723	3 327	2,80	3,32	300	350

Table VI.8 Notifications of and Deaths from forms of Tuberculosis other than Pulmonary for Local Cases; and Notifications of such cases of Imported Infection, by Race : 1982

	LOCAL CASES					IMPORTED CASES					NOTIFIED DEATHS				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Meninges		6		6	12				2	2	1	2		2	5
Abdominal				1	1				2	2					
Orthopaedic	1	9	1	9	20										
Glands	1	19		13	33				2	2					
Genito-urinary		3		3	6										
Other		10	1	10	21				2	2				1	1
TOTAL	2	47	2	42	93				8	8	1	2		3	6

W White; C Coloured; A Asiatic; B Blacks

Table VI.9 Death Rates per 1 000 Population of all forms of Tuberculosis by Quinquennia : 1974/1978 to 1978/1982 and Annually 1978-1982

DEATH RATE PER 1 000 POPULATION			
	WHITE	COLOURED, ASIATIC AND BLACKS	ALL RACES
5 Years Ended December 1978	0,02	0,27	0,20
5 Years Ended December 1979	0,02	0,25	0,18
5 Years Ended December 1980	0,02	0,23	0,17
5 Years Ended December 1981	0,02	0,22	0,17
5 Years Ended December 1982	0,02	0,21	0,16
Calender Year 1978	0,01	0,19	0,14
Calender Year 1979	0,02	0,22	0,17
Calender Year 1980	0,03	0,22	0,17
Calender Year 1981	0,02	0,21	0,16
Calender Year 1982	0,03	0,20	0,15

Table VI.10 Numbers of Deaths from, and Death Rates per 1 000 Population due to, Pulmonary Tuberculosis : 1981 - 1982

	DEATHS		RATE PER 1 000 POPULATION	
	1981	1982	1981	1982
White	4	7	0,01	0,03
Coloured	66	55	0,12	0,09
Asiatic				
Black	79	86	0,69	0,74
TOTAL	149	148	0,15	0,15

Table VI.11 Death Rates per 1 000 Population for Pulmonary and other forms of Tuberculosis, by Race : 1978 - 1982

RACE	PULMONARY TUBERCULOSIS					TUBERCULOSIS, OTHER FORMS				
	1978	1979	1980	1981	1982	1978	1979	1980	1981	1982
White	0,01	0,02	0,03	0,01	0,03	-	-	-	0,00	0,00
Coloured	0,10	0,12	0,12	0,12	0,09	0,00	0,01	0,01	0,00	0,00
Asiatic	0,09	0,08	0,08			-	-			
Black	0,54	0,72	0,67	0,69	0,74	0,12	0,03	0,05	0,01	0,03
TOTAL	0,12	0,16	0,16	0,15	0,15	0,02	0,01	0,01	0,00	0,01

Table VI.12 Tuberculosis Meningitis Notifications and Deaths for Local Cases (numbers and rates), by Race : 1961 - 1982

	NOTIFICATIONS								DEATHS							
	NUMBERS				RATE PER 100 000 POPULATION				NUMBERS				RATE PER 100 000 POPULATION			
	W	C&A	B	Total	W	C&A	B	Total	W	C&A	B	Total	W	C&A	B	Total
1961	2	33	12	47	1,02	11,68	18,08	8,63	x	x	x	26	x	x	x	4,78
1962	2	19	11	32	1,01	6,49	16,17	5,73	x	x	x	15	x	x	x	2,68
1963	0	25	5	30	0	8,23	6,80	5,20	x	x	x	14	x	x	x	2,42
1964	1	28	8	37	0,49	8,89	10,88	6,26	x	x	x	11	x	x	x	1,86
1965	0	24	8	32	0	7,35	10,18	5,25	x	x	x	12	x	x	x	1,97
1966	2	11	9	22	0,97	3,25	10,12	3,47	x	x	x	16	x	x	x	2,52
1967	1	14	19	34	0,48	3,99	21,11	5,22	0	6	7	13	0	1,71	7,78	1,20
1968	1	22	12	35	0,47	6,04	14,84	5,33	0	9	6	15	0	2,47	7,42	2,28
1969	0	9	11	20	0	2,38	13,02	2,96	0	5	6	11	0	1,32	7,10	1,63
1970	1	14	11	26	0,46	3,58	12,84	3,75	0	2	3	5	0	0,51	3,50	0,72
1971	0	11	13	24	0	2,70	13,97	3,26	0	6	3	9	0	1,47	3,22	1,22
1972	0	8	13	21	0	1,89	14,26	2,79	0	7	2	9	0	1,66	2,19	1,20
1973	0	8	15	23	0	1,83	16,62	2,98	0	2	9	11	0	0,46	9,97	1,43
1974	0	8	10	18	0	1,76	10,53	2,26	2	5	9	16	0,81	1,10	9,47	2,01
1975	0	10	18	28	0	2,12	18,42	3,42	0	6	2	8	0	1,27	2,05	0,98
1976	0	14	10	24	0	2,87	9,95	2,85	0	5	6	11	0	1,02	5,97	1,31
1977	1	9	15	25	0,39	1,78	14,56	2,88	0	4	6	10	0	0,79	5,83	1,15
1978	0	7	9	16	0	1,33	8,37	1,79	0	0	7	7	0	0	6,51	0,78
1979	0	8	11	19	0	1,47	10,14	2,07	0	2	3	5	0	0,37	2,76	0,54
1980	0	8	8	16	0	1,42	7,19	1,69	0	4	5	9	0	0,71	4,50	0,95
1981	1	3	13	17	0,37	0,51	11,40	1,75	1	1	1	3	0,37	0,17	0,88	0,31
1982		6	8	14		0,99	6,84	1,40	1	2	2	5	0,36	0,33	1,71	0,50

W White; C Coloured; A Asiatic; B Blacks

x Not available

Table VI.13 Classification of persons attending City Health Department Clinics for the first time as to whether they were Notified Cases, Contacts or Suspects; and any change to this description : 1982

Persons attending for first time	WHITE					COLOURED					ASIATIC					BLACK					All Races
	Children		Adults		Total	Children		Adults		Total	Children		Adults		Total	Children		Adults		Total	
	M	F	M	F		M	F	M	F		M	F	M	F		M	F				
Notified:																					
Accepted		1	13	7	21	71	62	274	228	635			1	3	4	100	74	346	180	700	1 360
Not accepted	1			1	2	1	2	4		7										9	
TOTAL	1	1	13	8	23	72	64	278	228	642			1	3	4	100	74	346	180	700	1 369
Contacts:																					
Notified	1	1			2	72	78	42	41	233		1		1	36	44	26	24	130	366	
Non-Tuberculous	36	41	73	112	262	1 606	1 745	1 126	2 248	6 725	6	8	1	9	24	697	779	732	1 132	3 340	10 351
TOTAL	37	42	73	112	264	1 678	1 823	1 168	2 289	6 958	6	9	1	9	25	733	823	758	1 156	3 420	10 717
Suspects:																					
Notified			8	5	13	57	62	326	228	673	1	1	1		3	73	86	485	166	810	1 499
Non-Tuberculous	9	12	96	121	238	287	270	1 371	1 489	3 417			13	12	25	294	300	212	467	2 273	5 953
TOTAL	9	12	104	126	251	344	332	1 697	1 717	4 090	1	1	14	12	28	367	386	697	633	3 083	7 452
TOTAL	47	55	190	246	538	2 094	2 219	3 143	4 234	11 690	7	10	16	24	57	1 200	1 283	2 801	1 969	7 253	19 538

Table VI.14 Mass Miniature Radiography at the Chapel Street Clinic - Numbers of Examinations by Race and Sex: 1978 - 1982

Period	White		Coloured, Asiatic and Blacks		Total
	Males	Females	Males	Females	
1978	6598	4071	26356	16025	53050
1979	6238	3709	25801	14825	50573
1980	6726	3432	26615	16836	53609
1981	5982	3002	31058	20222	60264
1982	4316	2441	23501	14986	45244

In addition to the 45 244 miniature film examinations made during the year, 851 100 mm films were taken as compared with 909 in the previous year.

Table VI.15 Results of Mass Miniature Radiography at the Chapel Street Clinic : 1981 - 1982

	1981	1982
Persons screened	60264	45244
Recalled for further investigation	944	1011
Recalls who failed to attend	35	160
Recalls who were examined	909	851
Recalls found to have active T.B.	131	158
Active T.B. found but previously known	14	23
New cases of active T.B. found	117	135
Cases referred to the special intra-thoracic clinic at Chapel Street	18	10

Table VI.16 Results of Mass Miniature Radiography at the Langa X-Ray Centre for Black Migrant Workers : 1981 - 1982

	1981	1982
Persons screened	21858	21961
Recalled for further examination	960	1116
Recalls who failed to attend	226	514
Recalls who were examined	734	602
Recalls found to have active TB	194	101
Active TB found but previously known	5	5
New cases of active TB found	189	96

Table VI.17 Hospitalisation of Notified Cases of Pulmonary Tuberculosis : 1982

	LOCAL			Imported Cases	Outside Cape Town Cases
	City	Langa	Gugu-letu		
New pulmonary cases notified during the year	1790	598	939	350	73
Known to have had T.B. positive sputum	581	203	305	108	35
New pulmonary cases admitted to institutions for treatment of tuberculosis	347	195	242	56	1
Proportion of new cases admitted	19,4%	32,6%	25,8%	16%	1,4%
Died before receipt of notification	40	16	37		
Died within 6 months of notification	11	13	8	5	1
Pulmonary cases treated but not admitted to hospital					
Male	772	265	381	167	53
Female	606	107	270	126	19
TOTAL	1378	372	651	293	72

Table VI.18 Attendances at City Health Department Centres for the Control of Tuberculosis 1981 - 1982

	Number of sessions		New Consul-tations		Total Attendances	
	1981	1982	1981	1982	1981	1982
Northern Zone						
CHAPEL STREET:						
White			379	330	1023	889
C,A&B			1333	1459	4383	4610
TOTAL	147	101	1712	1789	5406	5499
KENSINGTON	51	52	663	728	2468	2689
LANGA:						
Blacks	200	202	3407	3289	11611	12770
SPENCER ROAD:						
White			11	18	19	47
C,A&B			399	372	1314	1356
TOTAL	49	50	410	390	1333	1403
Sub-Total	447	405	6192	6196	20818	22361
Southern Zone						
GUGULETU:						
Blacks	158	204	2653	3536	13684	16414
LAVENDER HILL	51	50	474	325	2914	2508
PARKWOOD	50	50	251	337	1628	2079
RETREAT	100	102	809	764	4209	4408
WYNBERG:						
White			243	145	719	679
C,A&B			566	533	2569	2414
TOTAL	87	50	809	678	3288	3093
Sub-Total	446	456	4996	5640	25723	28502
Eastern Zone						
BONTEHEUWEL	43	50	695	1094	2682	4534
HANOVER PARK	52	50	968	1047	3460	4768
HEIDEVELD	50	50	743	825	2526	3487
LENTEGEUR	46	51	495	933	1284	3077
MANENBERG	50	50	1043	922	4078	4419
NETREG	50	50	641	768	2404	3459
SILVERTOWN	52	50	885	942	3128	3647
WESTRIDGE	51	52	994	1157	3257	4678
Sub Total	394	403	6464	7688	22819	32069
TOTAL:						
WHITE			633	493	1761	1615
C,A&B			17019	19031	67599	81317
ALL RACES	1287	1264	17652	19524	69360	82932

Table VI.19 Mobile X-Ray Unit workload at the various City Health Department Centres for the control of Tuberculosis: 1978 - 1982

YEAR	RACE	X-RAYS	RACE	X-RAYS	TOTAL
1978	White	1425	C, A & B	31426	32851
1979	White	1135	C, A & B	25781	26916
1980	White	731	C, A & B	21895	22616
1981	White	837	C, A & B	24492	25329
1982	White	724	C, A & B	29031	29755

Table VI.20 Reasons for failure of Notified Cases of Pulmonary Tuberculosis to attend City Health Department Clinics : 1982

	LOCAL			Imported cases	Total
	City	Langa	Guguletu		
Attended clinic	1680	527	845	348	3400
Failed to attend	110	71	94	2	277
<u>Failure to attend clinics:</u>					
In hospital	17	15	18		50
Hospital out-patients	10		3		13
Died in hospital	14	11	18		43
Died before notification	2		7		9
First advice through death registration	26	5	12		43
Refusals	1				1
Under private care					
Untraceable or decamped on notification	40	40	36	2	118
TOTAL	110	71	94	2	277

Table VI.21 Resume of work done by the Care Committee for Tuberculosis Patients : 1978 - 1982

	1978	1979	1980	1981	1982
Families helped with rentals	39	64	20	50	33
Families helped with maintenance grants	363	354	281	968	1342
Families helped with both of the above	53	68	26	50	98
Hospital grants	608	348	93	64	383
Articles of clothing distributed	205	319	255	920	185
Number of blankets distributed	4	12	60	20	38
Caseworker visits paid	207	395	325	451	380
Interviews given	3154	3161	2426	3651	3956
New cases seen	779	575	368	134	490

Table VI.22 Notifications of Infectious Diseases Classified by Race Group and Month of Notification : 1982

PERIOD	Tuberculosis respiratory					Tuberculosis other forms					Enteric					Measles					Malaria					Acute Poliomyelitis				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January	2	124		139	265		8		2	10							11		11	22										
February	3	123		142	268		1		2	3	1				1		2		7	9										
March	4	127	1	145	277		2		3	5					1		3		10	13										
April	2	121	1	119	243		3		2	5					2		6		4	12										
May	3	128		102	233		4		3	7			1		1		1		7	8	1				1					
June	4	134		114	252		7		2	9			1				5		20	25										
July	2	164	1	115	282	1	3	1	4	9							19		29	48										
August	5	166		149	320		3		5	8					1		17		31	49										
September	5	145	1	154	305		2		1	3					2		20		19	41										
October	8	167		150	325		9	1	9	19	1	1			2		9		17	33								1		1
November	3	149		145	297	1	3		5	9		1			2		42		42	84										
December	7	140		113	260		4		2	6							30		30	60										
YEAR	48	1688	4	1587	3327	2	49	2	40	93	2	3		1	6	12	165		227	404	1				1				1	1

PERIOD	Cerebrospinal Fever					Whooping Cough					Viral Hepatitis					Insecticidal Poisoning					Brucellosis					Primary malignancy of bronchus, lungs and pleura				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January		6		1	7		9			9	10	18		2	30											6	10		1	17
February	1	5	1	1	8		7			7	1	21	3	3	28				1	1						6	7		3	16
March		2		1	3		2		3	5		15		3	18											6	16		7	29
April		5		3	8		6		2	8	2	10		1	13											9	7		1	17
May		8		2	10		2		3	5	2	20		4	26						1				1	7	13		1	21
June	1	12			13		7		3	10	2	16		1	19											18	19			37
July		15		2	17		3		2	5	7	12		1	20											7	9		1	17
August		10			15		4			4	2	13		2	17											10	13		1	24
September		9			9		5			5	3	14		2	19											7	10		4	21
October		7		1	8	1	3		2	6	2	4		1	7											9	6		2	17
November		6			6	1	5			6	6	14		5	25											5	8		1	14
December		2			2	1	8		1	10	1	17		2	20											18	24		3	45
YEAR	2	87	1	16	106	3	61		16	80	38	174	3	27	242				1	1	1				1	108	142		25	275

Table VI.23 Notifications of Infectious Diseases Classified by Race Group and Age-Group : 1982

	Tuberculosis Respiratory										Tuberculosis other forms									
	W		C		A		B		T		W		C		A		B		T	
	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F		
Under 1 year							23	25	90					1			1			2
1-2 years							34	29	128				1				1	3		5
2-4 years		3				1	66	54	238				3	1			4	4		12
5-9 years							51	50	241				1	4			7	4		16
10-14 years							26	30	127				2				3	1		6
15-24 years		6	4			1	94	115	603			1	5	9			1	2		18
25-34 years		3	4				220	126	685				5	6		1	1	4		17
35-44 years		5	2				201	55	476					4		1	1	1		7
45-54 years		4	1			1	153	24	384				1	2			1			4
55-64 years		6					125	22	233		1			1			2			4
65-74 years		5	1			1	35	8	80					1						1
75-84 years		3	1				5	2	17								1			1
85 years and over							2		4											
Unknown							7	5	21											
TOTAL	35	13	937	751	1	3	1042	545	3327		1	1	18	29	1	1	23	19		93

	Enteric										Measles									
	W		C		A		B		T		W		C		A		B		T	
	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F		
Under 1 year											1	1	34	33			48	37		154
1 - 2 years												1	20	12			27	24		84
2 - 4 years													6	10			33	19		68
5 - 9 years						1			1		2	2	13	21			19	12		69
10 - 13 years											1		5	5				1		12
15 - 24 years	1	1	1				1		4											
25 - 34 years																				
35 - 44 years																				
45 - 54 years															1					1
55 - 64 years						1			1											2
65 - 74 years															1					
75 - 84 years																				
85 years and over																				
Unknown											2		2	3			2	5		14
TOTAL	1	1	2	1			1		6		6	6	80	85			129	98		404

Continued

Table VI.23 Continued

	Cerebrospinal Fever					Brucellosis					Malaria					
	W		C		A	B		T	W		C		A	B		T
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	1		14	8			3	3	29							
1-2 years			11	4			2	1	18							
2-4 years			14	10			3		27							
5-9 years		1	11	5	1		3	1	22							
10-14 years			1	2					3							
15-24 years			2	2					4							
25-34 years			1	1					2	1			1			1
35-44 years																
45-54 years																
55-64 years									1							
65-74 years																
75-84 years																
85 years and over																
Unknown																
TOTAL	1	1	54	33	1		11	5	106	1				1		1

	Whooping Cough					Viral Hepatitis												
	W		C		A	B		T	W		C		A	B		T		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Under 1 year			17	21			3	5	46			1			1		2	
1-2 years		2	2	2			2	1	9			3	2		1		6	
2-4 years			7	6			1	2	16	1	1	29	24		5	2	62	
5-9 years		1	2	3			1	1	8	2	1	33	35	1	1	3	2	78
10-14 years				1					1			4	5		2		11	
15-24 years										3	10	11	8		1	2	1	36
25-34 years										10	4	2	5			4	1	26
35-44 years										2	1	5					1	9
45-54 years												1	2			2		5
55-64 years										1		1						2
65-74 years												1						1
75-84 years																		
85 years and over																		
Unknown										1	1	1	1					4
TOTAL	1	2	28	33			7	9	80	20	18	91	83	1	2	20	7	242

	Primary malignancy of bronchus, lungs and pleura					Insecticidal Poisoning					Acute Poliomyelitis					
	W		C		A	B		T	W		C		A	B		T
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1																
1-2 years																
2-4 years															1	1
5-9 years																
10-14 years																
15-24 years																
25-34 years			2						2							
35-44 years	1		6	3			2		12							
45-54 years	9	4	30	12			6	1	62					1	1	
55-64 years	14	9	38	6			9	2	78							
65-74 years	31	10	18	8			4		71							
75-84 years	17	10	16	2					45							
85 and over	1	2	1				1		5							
Unknown																
TOTAL	73	35	111	31			22	3	275					1	1	1

Table VI.24 Notifications, Deaths, Incidence Rates per 100 000 Population and Death Rates per 100 000 Population of certain Infectious Diseases by Race Group: 1971 - 1982

YEAR	CEREBROSPINAL FEVER				TYPHOID OR ENTERIC FEVER			
	Notifi- cations	Deaths	Incidence rate per 100 000	Death rate per 100 000	Notifi- cations	Deaths	Incidence rate per 100 000	Death rate per 100 000
	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B
1971	5 47	3	2,12 9,40	0,60	1 19	1	0,42 3,80	0,20
1972	8 50	6(10)	3,35 9,74	1,95	1 16		0,42 3,12	
1973	5 41	1 4	2,06 7,76	0,41 0,76	10		1,89	
1974	16 74	1	6,50 13,47	0,18	1 19		0,41 3,46	
1975	10 62	5	4,00 10,90	0,88	15		2,64	
1976	11 109	3 20	4,34 18,50	1,18 3,40	1 8		0,39 1,36	
1977	2 126	22	0,78 20,67	3,61	4 16	1	1,55 2,62	0,16
1978	11 221	1 29	4,21 34,91	0,38 4,58	14		2,30	
1979	11 336	1 16	4,15 51,42	0,38 2,45	3		0,46	
1980	12 283	1 33	4,46 41,84	0,37 4,88	1 12	1	0,37 1,77	0,15
1981	7 159	2 12	2,56 22,71	0,73 1,71	2 4		0,73 0,57	
1982	2 104	1 14	0,72 14,35	0,36 1,93	2 4		0,72 0,55	

YEAR	DIPHTHERIA				VIRAL HEPATITIS			
	Notifi- cations	Deaths	Incidence rate per 100 000	Death rate per 100 000	Notifi- cations	Deaths	Incidence rate per 100 000	Death rate per 100 000
	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B
1971	6		1,20		68 107	2	28,87 21,39	0,40
1972	5	1(2)	0,97	0,39	80 127	1(2) 1(2)	33,47 24,74	0,84 0,39
1973	3 3		1,24 0,57		48 64	1 5	19,79 12,12	0,41 0,95
1974	5	2	0,91	0,36	30 74	2 8	12,19 13,47	0,81 1,46
1975	11	1	1,93	0,18	30 69	2 2	12,01 12,13	0,80 0,35
1976	9	1	1,53	0,17	28 74	3	11,05 12,56	0,51
1977	2		0,33		44 77	4	17,10 12,63	0,66
1978					13 46	4	5,00 7,27	0,63
1979	4		0,61		16 86	3	6,04 13,16	0,46
1980	1		0,15		40 106	1 1	14,87 15,67	0,37 0,15
1981	3		0,43		24 197		8,79 28,13	
1982					38 204	6	13,72 28,14	0,83

YEAR	ACUTE POLIOMYELITIS				TETANUS AND TETANUS NEONATORUM				WHOOPIING COUGH			
	Notifi- cations	Deaths	Incidence rate per 100 000	Death rate per 100 000	Notifi- cations	Deaths	Incidence rate per 100 000	Death rate per 100 000	Notifi- cations	Deaths	Incidence rate per 100 000	Death rate per 100 000
	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B	W C, A&B
1971	2		0,40		1 3		0,42 0,60		15 17	1	6,37 3,40	0,20
1972	1 10		0,42 1,95		1 6	1	0,42 1,17	0,19	9 15	2(3)	3,76 2,92	0,58
1973	4		0,76		3	2	0,57	0,38	3 19	2	1,24 3,60	0,38
1974	5		0,91		4	1	0,73	0,18	13 24	3	5,28 4,37	0,55
1975	6		1,05		3	2	0,53	0,35	4 16		1,60 2,81	
1976	6		1,02		2	1	0,34	0,17	1 14		0,39 2,38	
1977	4		0,66		2	1	0,33	0,16	19	1	3,12	0,33
1978	1		0,16						3 18	2	1,15 2,84	0,32
1979	14	1	2,14	0,15	1		0,15		1 9		0,38 1,38	
1980									1 26	1	0,37 3,84	0,15
1981	2		0,29						4 93	1	1,47 13,28	0,37
1982	1		0,14						3 77	1	1,08 10,62	0,14

Table VI.25 Cerebrospinal Fever Notifications by Month: 1978 - 1982

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YEAR
1978	11	7	8	11	10	24	30	30	29	28	29	15	232
1979	17	16	14	13	18	35	57	40	39	35	34	29	347
1980	21	17	23	25	17	32	40	38	26	29	15	12	295
1981	11	7	5	10	12	26	32	23	15	11	4	10	166
1982	7	8	3	8	10	13	17	15	9	8	6	2	106
TOTAL	67	55	53	67	67	130	176	146	118	111	88	68	1146
Average	13	11	11	13	13	26	35	29	24	22	18	14	229

Table VI.26 Notifications received of Notifiable diseases in Municipal Residents
(including imported infections): 1973 - 1982

[illegible]

VII – OTHER SERVICES

Table VII.1 Attendances at examination centre : 1982

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	3591	2193	802	596
City Electrical Engineer	1119	691	253	175
Town Clerk	1195	810	262	123
City Treasurer	80	64	12	4
Health	176	117	37	22
TOTAL	6161	3875	1366	920

The Department also provides medical attention for Fire Brigade and Traffic personnel.

Table VII.2 Attendances at cleansing stations : 1982

	FIRST ATTENDANCES						TOTAL ATTENDANCES					
	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	Total	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	
CHILDREN Under 16 years of age:												
White boys					3	3					3	3
White girls					12	12					12	12
C. A & B boys					42	42		2			122	124
C. A & B girls		6			144	150		9			265	274
TOTAL CHILDREN		6			201	207		11			402	413
ADULTS:												
White males			1		1	2			1		1	2
White females			1		2	3			1		2	3
C. A & B males			2		3	5			3		22	25
C. A & B females					5	5					5	5
TOTAL ADULTS			4		11	15			5		30	35
TOTAL PERSONS:												
White			2		18	20			2		18	20
Coloured, Asian and Black		6	2		194	202		11	3		414	428
All races		6	4		212	222		11	5		432	448

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A			
Abattoir	44	Deaths Infant	26
Abortion	33	By age	28
Air Pollution	37	By legitimacy	33
Ante-Natal Care	57	By month of registration	29
Anthrax	71	By place of death	33
Area	13	Principal causes of	30
Attendances,		Deaths, Maternal	33
Ante-natal	57	Demographic Data	15
Child Welfare	58	Diarrhoea	26
Eye Clinics	60	Diphtheria,	84
Family Planning	55	Immunisation	62
Geriatrics	66	Domiciliary, Medical Services	89
Immunisation	61	Drainage	51
Nursery Schools	60	Dysentery	26
Sexually Transmitted Diseases	63		
Training Programmed	8	E	
Tuberculosis	72	Emergency Medical Service,	
		Civic Centre	69
		Eye Clinics	60
B			
B C G Immunisation	62,75	F	
Births	19	Family Planning	55
by place of occurrence	20	Food,	
Legitimacy of	21	Condemnation	46
Live	19	Control	44
Multiple	20	Sampling	45
Notification of	19		
Still	20	G	
Bronchitis	26	Gastro-Enteritis	26,30
Brucellosis	86	Geriatrics	66
Burials, Pauper	89	Gonorrhoea	64
C			
Cancer	22	H	
Care Committee	78	Health Districts	17
Carcinoma Cervix Uteri	56	Health Education	67
Cerebrospinal Fever	78	Health Inspection	34
Child Welfare	58	Home Visiting	66
Cholera	71	Housing	48
Cleansing Station	89		
Community Liaison Section	68	I	
Community Health Care	53	Immunisation	61
Community Health Centres	54	Infectious Diseases	71
Creches	60	(See (Notifiable conditions	
		and specific diseases)	
D		Influenza	26
Deaths,			
General	21	J	
Accidental	26		
Age at	22	K	
By season	21		
Principal causes of	22		
Suicidal	26		

L		Rabies	71
		Refuse Removals	50
Lead Poisoning		Relapsing Fever	71
Legal Proceedings			
Legitimacy			
Leprosy		S	
Licencing			
		Scabies	89
		Scarlet Fever	71
M		Sewerage	49
		Sexually Transmitted Diseases	63
Malaria		Smallpox	71
Market		Smallpox Immunisations	62
Mass Radiography		Socio-Economic Conditions	14
Measles,		Staff	9
Admissions		Still Births	20
Immunisations		Suburbs	13
Mortality		Suicide	26
Meat Control		Surface Sanitation	50
Midwifery		Syphilis	64
Milk Control		Syphilis, Congenital	64
Mortality,			
Early Neonatal		T	
General			
Infant		Tetanus	71
Late Neonatal		Tetanus, Immunisations	62
Maternal		Tuberculosis	71
Neonatal		Tuberculosis,	
Perinatal		Mortality	72
Post-neonatal		Prevention	62,75
Municipal Service Medical		Admissions	76
Examinations		Tuberculosis,	
		Meningitis	73
N		Training Programmes	8
		Typhoid Fever	83
Notifiable Conditions		Typhoid Fever, Admissions	83
Nursery Schools		Typhus	71
Nutrition, Infant and Toddler		Trachoma	71
		Trading Control of	46
		Trypanosomiasis	71
O			
		U	
P		Urethritis, Non-specific	64
Pediculosis		V	
Pest Control			
Plague		Venereal Diseases	63
Plans Scrutiny		(See sexually transmitted	
Pneumonia		diseases)	
Poliomyelitis		Viral Hepatitis	81
Immunisations		Vital Statistics	15
Poor Relief		Vital Statistics, Summary	1
Population			
Population Pyramids		W	
Post-natal Care			
Protected Infants		Water, Supplies	41
Q		Whooping Cough	82
		Admissions	82
		Immunisations	62
R			

X

Y

Yellow Fever

71

Z

